

# **Interactive ophthalmology**

## **Dr.**

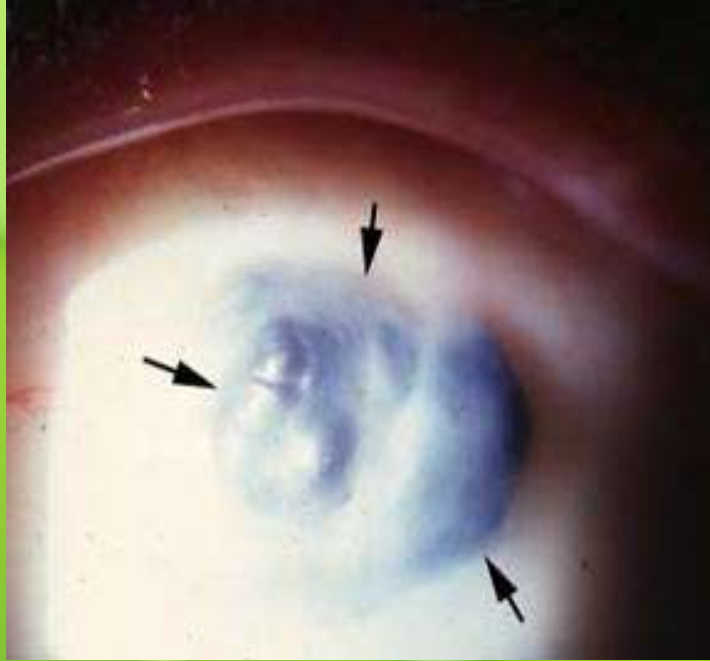
### **Hatem Amin Khattaab, M.D.**

- **Answered**
- **Randomly Sorted**
- **Make your eye ONLY see the correct answer**



(1) This sign is termed:

- A) Pterygium.
- B) Symblepharon.**
- C) Trachomatous pannus.
- D) Arcus senilis.
- E) Bitot spot.
- F) None of the above.



(1) The arrowed lesion represents an example of:

- A) Corneal staphyloma.
- B) Scleral staphyloma.**
- C) Atrophic scleral patch.
- D) Scleritis.
- E) None of the above.



(2) The D.D. of the left eye disease would not include:

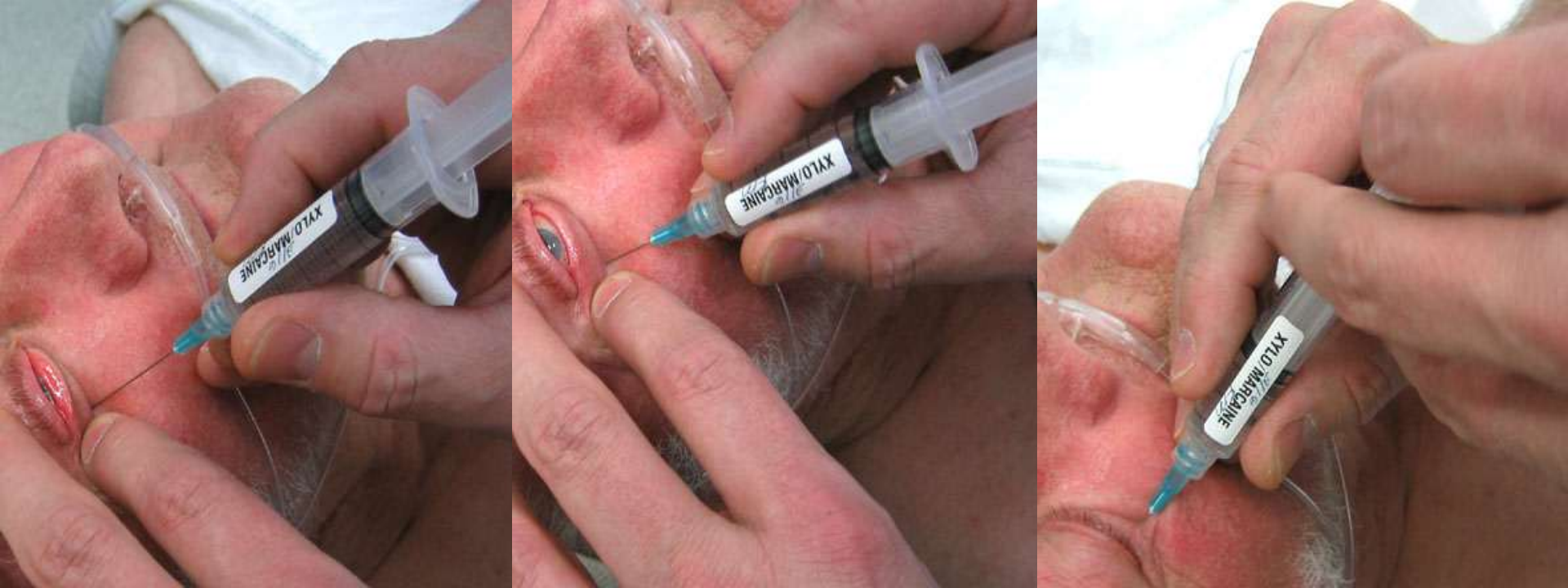
- A) Retinoblastoma.
- B) Coats' disease.
- C) Persistent hyperplastic 1ry vitreous.
- D) Retinopathy of prematurity.
- E) Buphthalmos.





**(3) This left pupillary appearance may be due to all except:**

- A) PHPV.**
- B) Coat's disease.**
- C) Retinoblastoma.**
- D) Marcus-Gunn pupil.**
- E) Argyll-Robertson pupil.**
- F) A&D.**
- G) D&E.**



(4) This procedure is used for:

- A) Akinesia during cataract surgery.
- D) Inducing ocular hypotony.
- C) Retrobulbar anesthesia.**
- D) Aspirating hyphema.
- E) None of the above.



(5) The chemical in the bottle could be used for:

- A) Aborting an attack of acute congestive glaucoma.
- B) Pupillary dilation before cataract surgery.
- C) Treating anterior uveitis.
- D) Treating microbial keratitis.
- E) All of the above.
- F) B, C & D.





(6) The chemical in the bottle could be used for all except:

- A) Treating acute anterior uveitis.**
- B) Aborting the acute stage of narrow angle glaucoma.**
- C) Prophylactically in the fellow eyes with acute angle closure glaucoma.**
- D) IOP lowering in open angle glaucoma.**
- E) Prior to laser peripheral iridotomy.**



**Atropine sulfate eye drop**

(7) Regarding this chemical in this therapeutic form, all is true except:

- A) The strongest cycloplegic ever known.
- B) Ideal for refraction in infants.
- C) Could relieve pupillary block glaucoma.
- D) Contraindicated in 1ry narrow angle glaucomas.
- E) Has systemic side effects.





(8) Concerning the chemical in this container, all is true except:

- A) Helpful for refraction in infants.
- B) Used in the treatment of neovascular glaucoma.
- C) Can treat glaucoma inversus.
- D) Helpful in narrow angle glaucoma.
- E) Helpful in angular blepharocconjunctivitis.
- F) C & D.
- G) D & E.



(9) This field defect is termed:

- A) Binasal hemianopia.**
- B) Bitemporal hemianopia.**
- C) Homonymous hemianopia.**
- D) Quadantanopia.**
- E) Altitudinal field defect.**
- F) Centrocecal scotoma.**



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(10) Regarding the chemical in this container, all is true except:

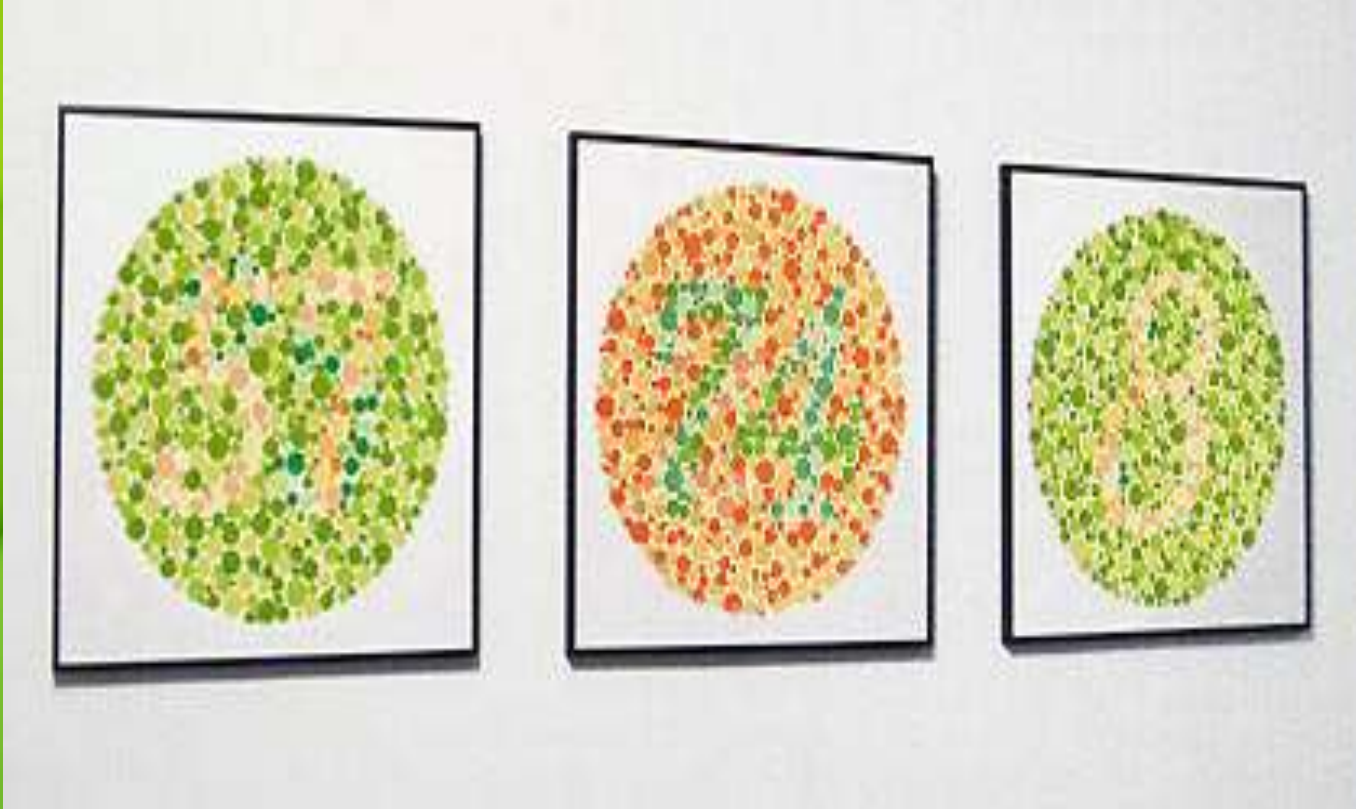
- A) Gives more cycloplegia than mydriasis.
- B) Can be given in mycotic corneal ulcers.
- C) Has no systemic side effects.**
- D) Is a helpful tool in child refraction.
- E) Is useful weapon in iritis.



(11) This visual field loss is typically found in:

- A) Chronic open angle glaucoma.
- B) Retinitis pigmentosa.
- C) Rhegmatogenous retinal detachment.
- D) Hypertensive retinopathy.
- E) A & B.
- F) A & D.
- G) B & D.





(12) These plates are used for:

- A) Assessment of visual acuity.
- B) Determination of the color vision status.**
- C) Measuring contrast sensitivity.
- D) Evaluating the central visual field.
- E) None of the above.





**(13) This visual field defect is termed:**

- A) Left homonymous hemianopia.**
- B) Right homonymous hemianopia.**
- C) Bitemporal hemianopia.**
- D) Binasal hemianopia.**
- E) Altitudinal field defect.**
- F) Quadrantanopia.**



(14) This visual field defect is termed:

- A) Left homonymous hemianopia.
- B) Right homonymous hemianopia.**
- C) Bitemporal hemianopia.
- D) Binasal hemianopia.
- E) Altitudinal field defect.
- F) Quadrantanopia.

図の横ラインが、2.5mmになるように紙を縮小するが印刷し、30倍で検査してください。

0.1			
0.2			
0.3			
0.4			
0.5			
0.6			
0.7			
0.8			
0.9			
1.0			
1.2			
1.5			
2.0			

<https://idm.net/cv.html>

(15) This chart is helpful for:

- A) Color vision assessment.
- B) Visual acuity evaluation.
- C) Visual field testing.
- D) Contrast sensitivity testing.
- E) None of the above.



(16) Concerning this drug, all is wrong except:

- A) Is a parasympatholytic.
- B) Has both mydriatic & cycloplegic actions.
- C) Leaves the pupil reactive.**
- D) Safe in cardiac patients.
- F) Causes conjunctival injection.



(17) This man has:

- A) Bitemporal hemianopia.**
- B) Binasal hemianopia.**
- C) Homonymous hemianopia.**
- D) Central scotoma.**
- E) Centrocecal scotoma.**





(18) This lady has:

- A) A central scotoma.
- B) A centrocecal scotoma.
- C) An annular scotoma.
- D) A tubular field.
- E) An entirely normal visual field.



(19) Concerning the chemical in this bottle, all is true except:

- A) Can be used in 1ry angle closure glaucoma.
- B) Useful in 2ry angle closure glaucoma.
- C) May be used in neovascular glaucoma.
- D) 1<sup>st</sup> choice in glaucomatous patients with chronic obstructive airway disease (COPD).
- E) Helpful in 1ry open angle glaucoma.



(20) This field defect is termed:

- A) Quadrantanopia.
- B) Hemianopia.**
- C) Centrocecal scotoma.
- D) Central scotoma.
- E) Bjerrum scotoma.



(21) Regarding these eye drops, all is true except:

- A) Very helpful in acute anterior uveitis.
- B) Can treat phlyctenular keratoconjunctivitis.
- C) Can treat mycotic corneal infections.**
- D) Could elevate the IOP.
- E) Can cause posterior subcapsular cataract.



**(22) Pupillary inequality may be due to all except:**

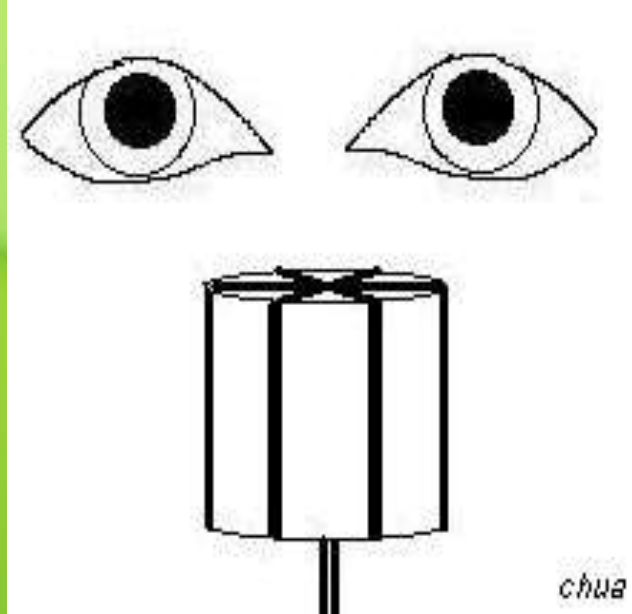
- A) Left oculomotor palsy.**
- B) Phenylephrine application on the left side.**
- C) Left Horner syndrome.**
- D) Left atropine instillation.**
- E) Morphine poisoning.**
- F) C & D.**
- G) C & E.**





(23) Concerning this visual field, this lady has:

- A) A central scotoma.
- B) A centrocecal scotoma.
- C) An altitudinal defect.
- D) A hemianopic defect.
- F) A quadrantanopia.
- G) An entirely normal field.**



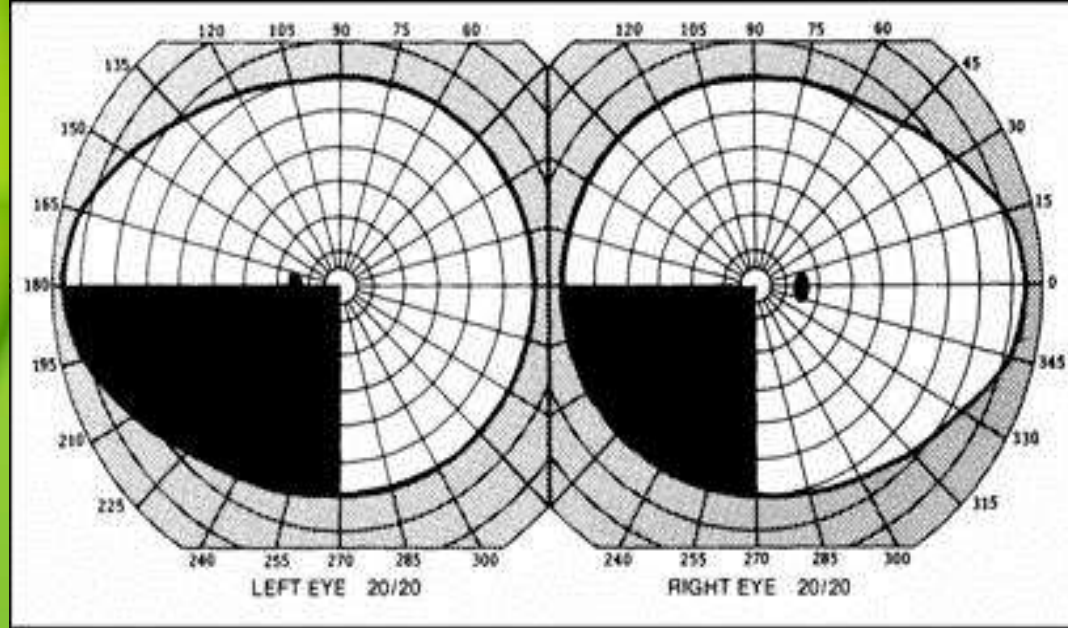
(25) This lady has:

- A) A vertical nystagmus.
- B) A left jerky nystagmus.
- C) A pendular nystagmus.
- D) A right jerky nystagmus.**
- E) A latent nystagmus.



(27) This instrument is useful for:

- A) Visual acuity testing.
- B) Visual field examination.**
- C) Detecting heterophoria.
- D) Assessment of the color vision status.
- E) Measuring the IOP.



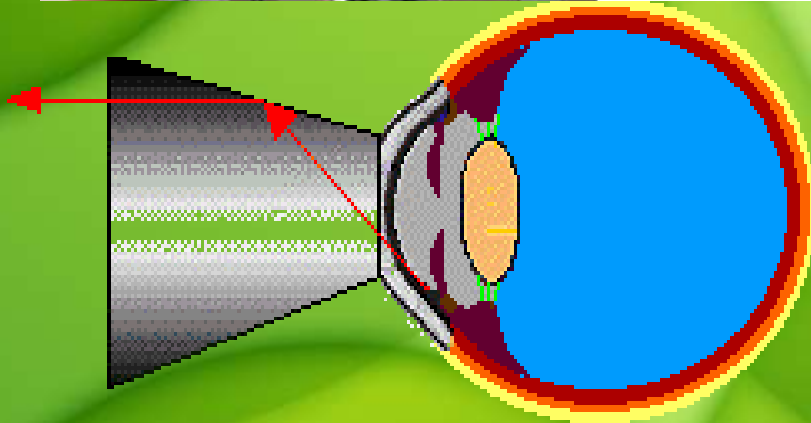
(28) This visual field defect is termed:

- A) Homonymous hemianopia.
- B) Lower homonymous quadrantanopia.**
- C) Binasal hemianopia.
- D) Bitemporal hemianopia.
- E) Altitudinal field defect.





Goldmann  
Applanation Tip



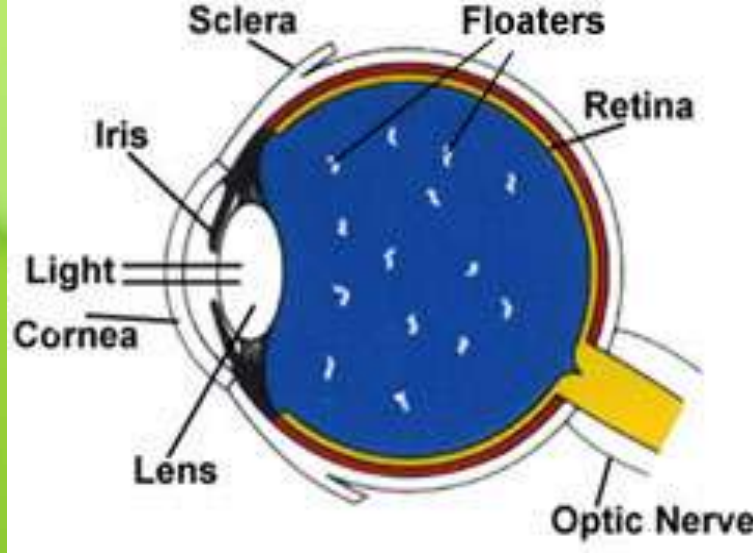
(29) This composite is helpful in diagnosing:

- A) Primary open angle glaucoma.
- B) Acute iridocyclitis.
- C) Acute mucopurulent conjunctivitis.
- D) Peripheral retinal breaks.
- E) Retinitis pigmentosa.



(30) To properly diagnose this visual field defect, all of the following may be needed except:

- A) Fundoscopy.
- B) IOP measurement.
- C) Dark adaptometry.
- D) ERG.
- E) Pachymetry.



(31) White spots illustrated in this vitreous may be due to all except:

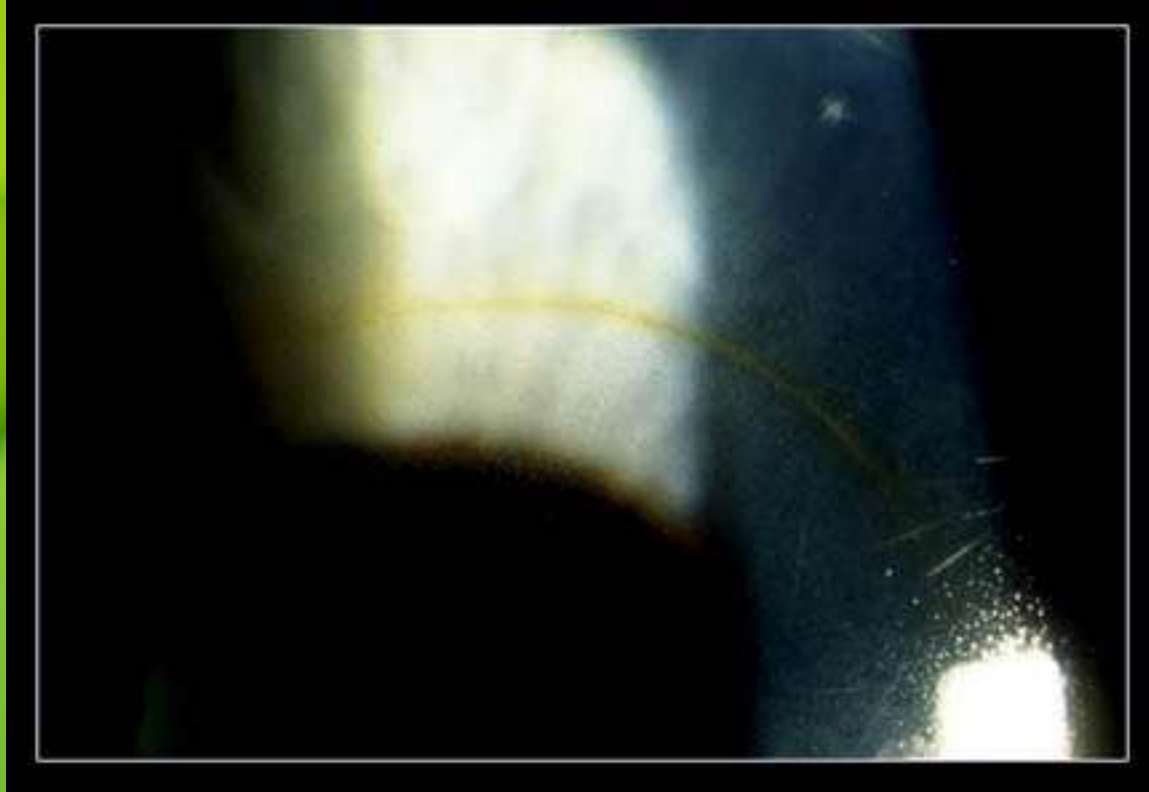
- A) Vitritis.
- B) Vitreous hemorrhage.
- C) Acute congestive glaucoma.**
- D) Pars planitis.
- E) Degenerative myopia.
- F) Retinal breaks.



(32) These glasses may be helpful in treating all except:

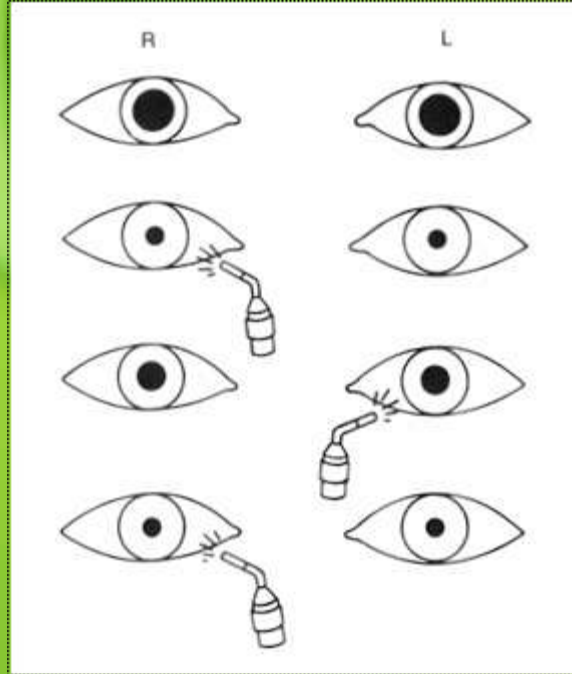
- A) Mucopurulent conjunctivitis.
- B) Acute iridocyclitis.
- C) Corneal ulcers with severe discharge.
- D) Spring catarrh.
- E) Conjunctival phlyctens.**





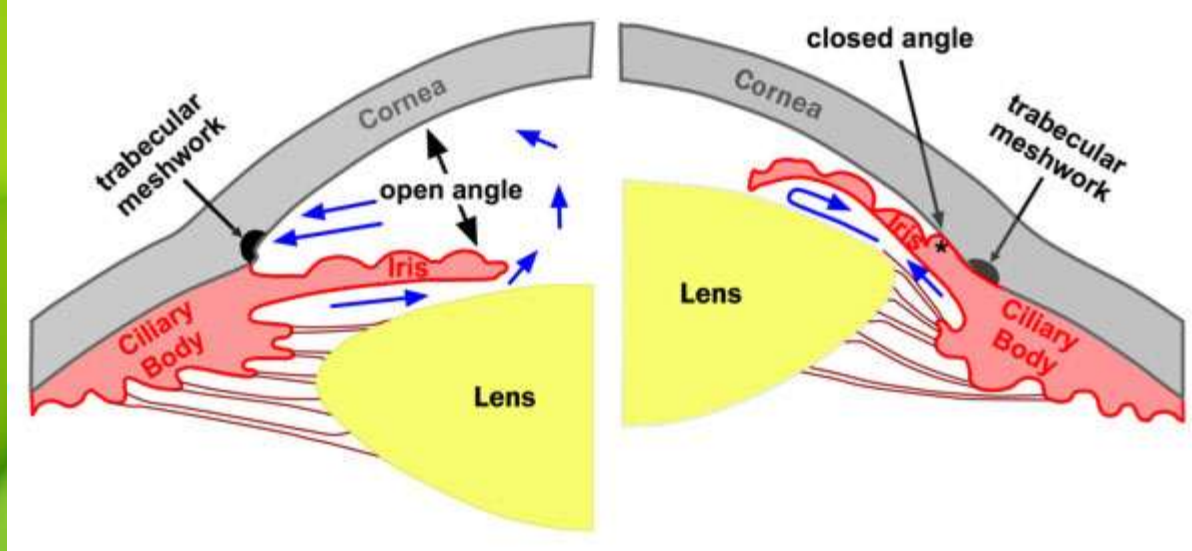
(33) This boy was diagnosed as having keratoconus. This pigmented line is termed:

- A) Stocker`s line.
- B) Fleischer`s ring.**
- C) Arlt`s line.
- D) Schwalbe`s line.
- F) None of the above.



34) The affected structure here would be:

- A) The right optic nerve.
- B) The left retina.
- C) The right retina.
- D) The left optic nerve.
- E) Either B or C.
- F) Either B or D.



(35) The following is helpful to diagnose the illustrated findings.

- A) The indirect ophthalmoscope.
- B) Goldmann one or three mirror contact lenses.**
- C) The keratometer.
- D) Goldmann applanation tonometer.
- E) The direct ophthalmoscope.



(36) The right pupillary appearance in this two years old infant may not be due to:

- A) Retinoblastoma.
- B) Retinopathy of prematurity (ROP).
- C) Coats` disease.
- D) Cataracta nigra.
- E) Toxocariasis.
- F) Retinal astrocytoma.





**(37) This is the typical field defect of:**

- A) Pituitary adenomas.**
- B) Occipital infarction.**
- C) Parietal lobe tumors.**
- D) Craniopharyngioma.**
- E) Temporal lobe tumors.**



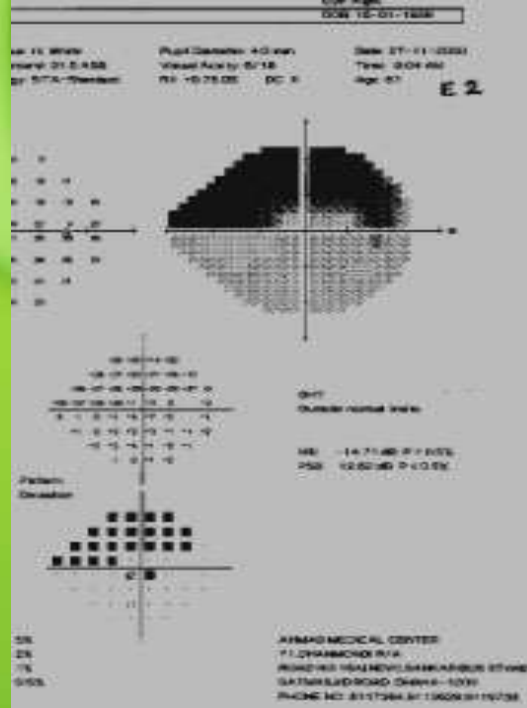
(38) This field defect is termed:

- A) Hemianopia.
- B) Quadrantanopia.
- C) Hemianopia with macular sparing.**
- D) Altitudinal field defect.
- E) None of the above.



(39) This type of vision is not detected in:

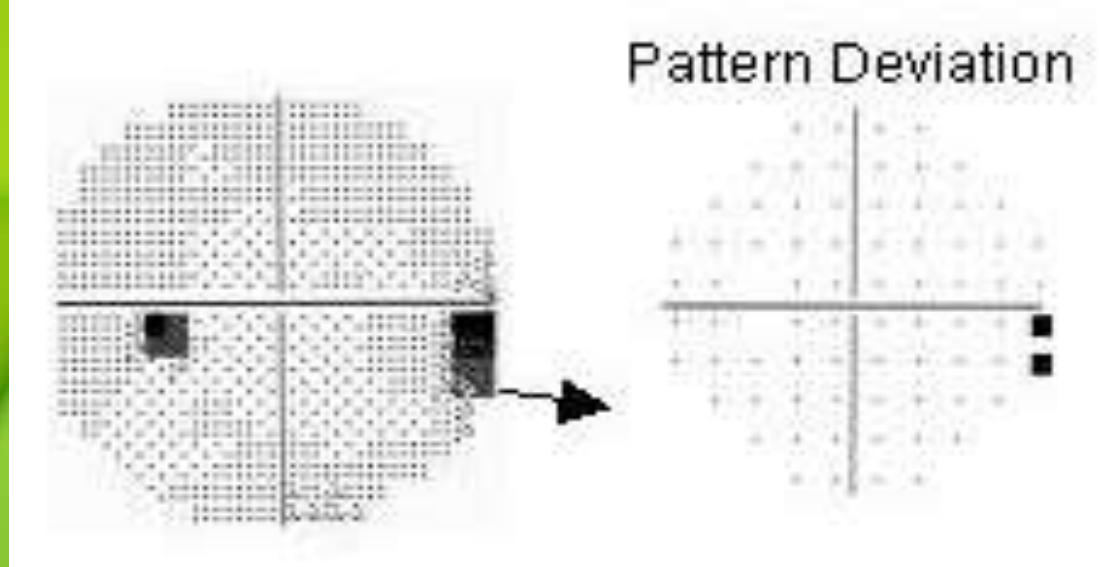
- A) Crystalline lens opacification.
- B) Dense after cataract.
- C) Macular edema.
- D) Chronic open angle glaucoma.
- E) Retinitis pigmentosa.
- F) C & D.
- G) D & E.



(40) This field defect is termed:

- A) Arcuate scotoma.
- B) Seidel scotoma.
- C) Hemianopia.
- D) Altitudinal defect.
- E) Centrocecal scotoma.
- F) None of the above.





(41) This arrowed visual field defect is termed:

- A) Seidel scotoma.
- B) Roenne nasal step.**
- C) Concentric contraction.
- D) Annular scotoma.
- F) Isolated paracentral scotoma.



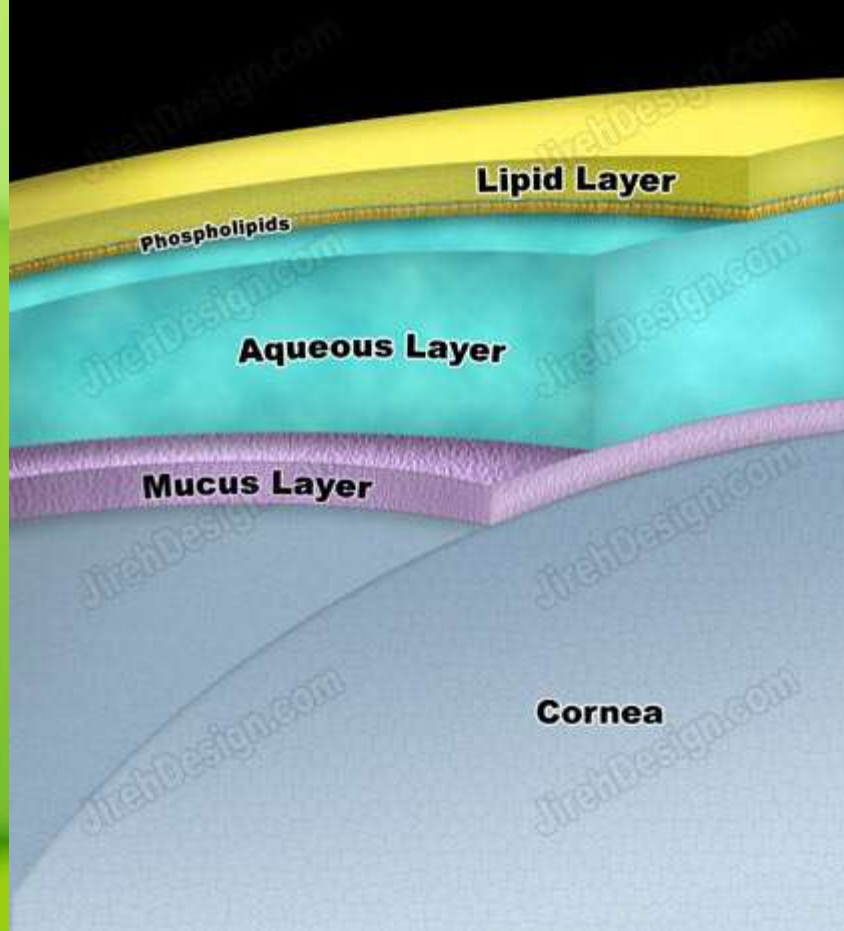
(42) All of the following is needed to confirm the diagnosis in this 1 year old boy except :

- A) IOP measurement.
- B) Testing the extraocular motility.**
- C) Examining the fundus oculi.
- D) Measuring the corneal diameter.
- F) Gonioscopy.



(43) The illustrated manifestations may occur in all except:

- A) Typhoid fever.
- B) Dendritic corneal ulcer.**
- C) Acute congestive glaucoma.
- D) Brain tumors.
- E) Brain abscesses.



(44) As concerns the tear film, which is true?

- A) The inner layer is secreted by the meibomian glands.
- B) The middle layer has a defensive function.**
- C) The outer layer is secreted by the main lacrimal gland.
- D) The inner layer acts as a surfactant.
- E) The middle layer acts as a lubricant.





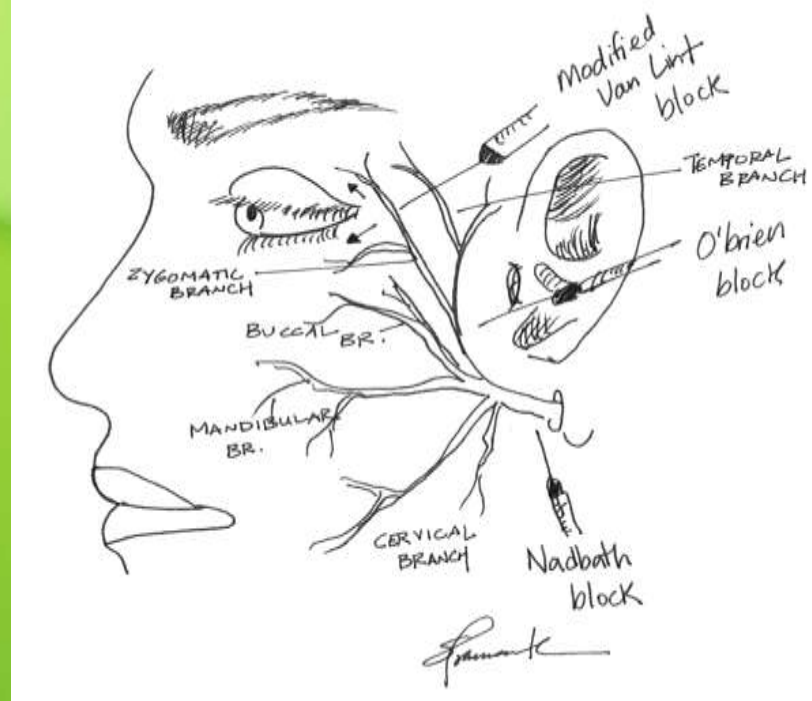
(45) This man`s complaint is not due to:

- A) A brain abscess.
- B) Hydrocephalus.
- C) Acute iritis.**
- D) Pseudotumor cerebri.
- E) A brain tumor.



(46) This instrument may be helpful in all except:

- A) Examining the anterior chamber angle.
- B) Examining the fundus oculi.
- C) IOP measurement.
- D) Testing corneal sensation.**
- E) Delivering laser to the fundus.



(47) These nerve blocks are useful for all except:

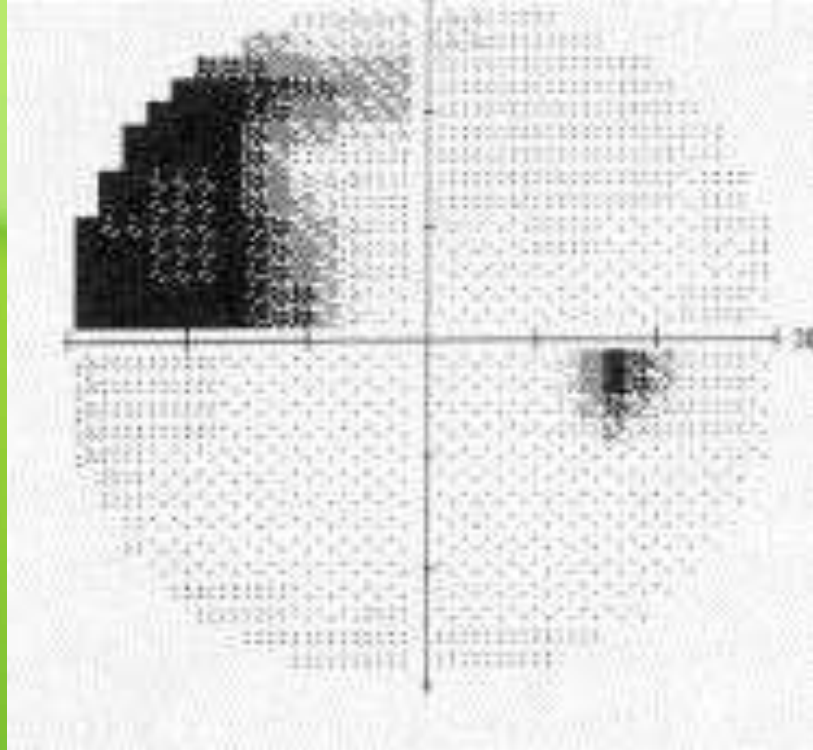
- A) Minimizing vitreous loss during intraocular surgery.
- B) Blocking the ciliary ganglion & → ocular anesthesia.
- C) Minimizing lid squeezing.
- D) Inducing temporary paralysis of the masseter muscle..
- E) Minimizing dangerous IOP elevations.
- F) B & D.



(48) The illustrated funduscopy & visual field findings are typical of:

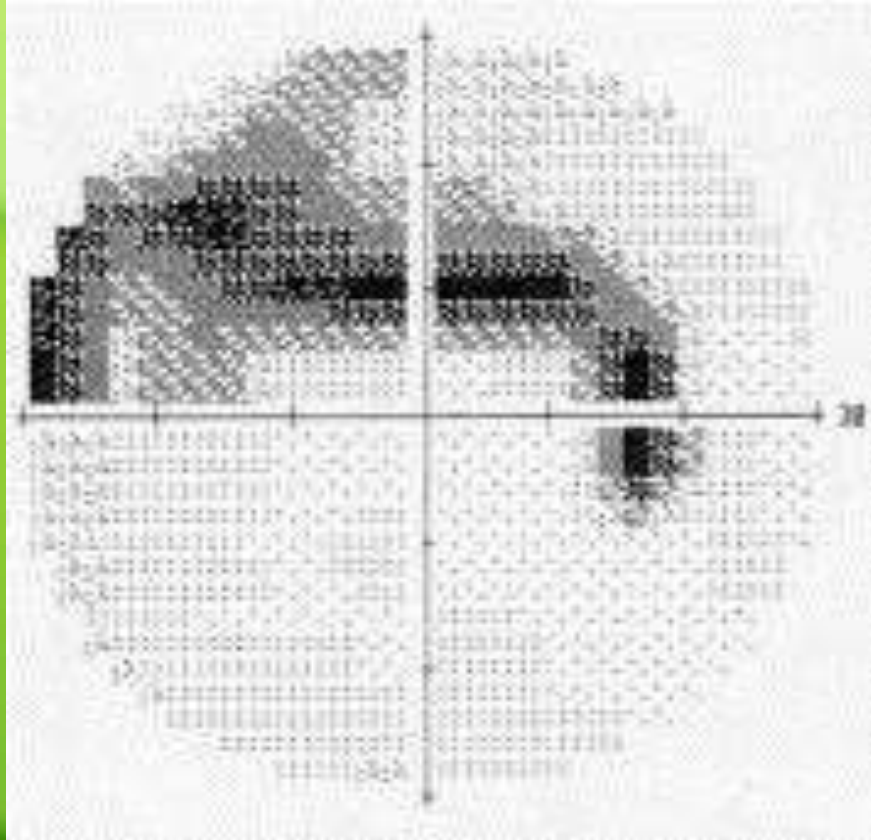
- A) Progressive papillitis.
- B) Progressive 1ry open angle glaucoma.**
- C) Retinitis pigmentosa.
- D) Branch retinal artery occlusion (BRAO).
- E) Central retinal vein occlusion (CRVO).





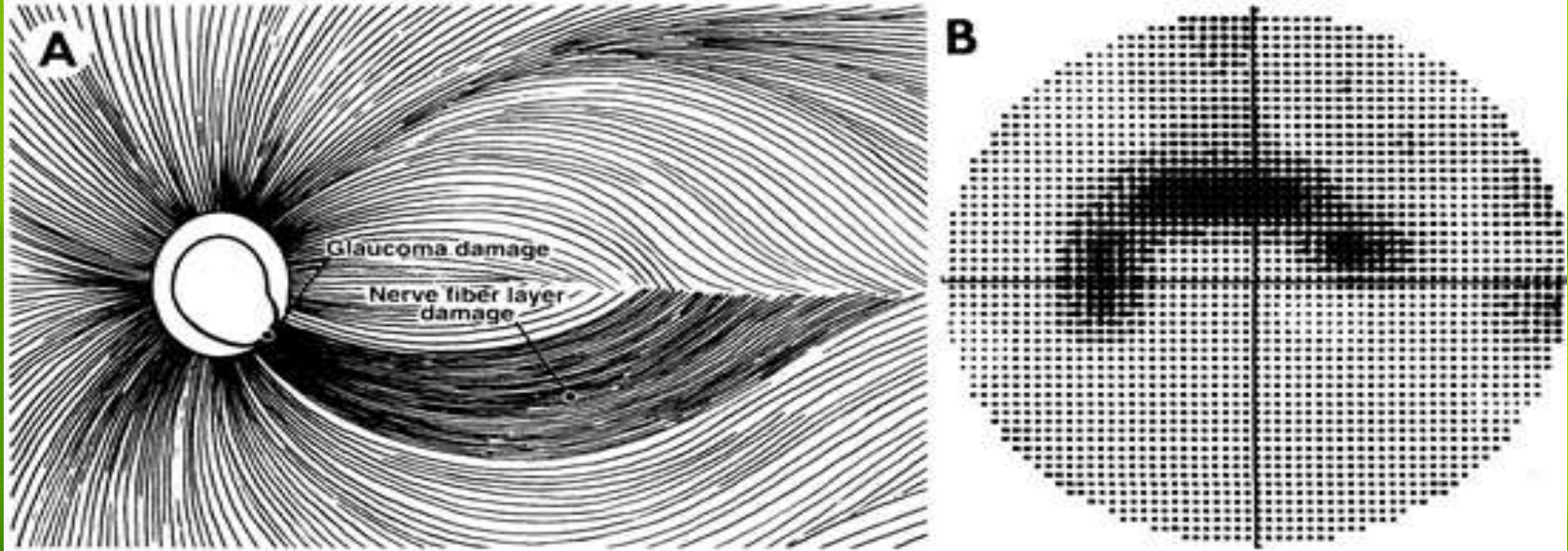
(49) This field defect is termed:

- A) Arcuate scotoma.
- B) Nasal step.**
- C) Temporal step.
- D) Concentric contraction.
- E) Tubular field.



(50) This field defect is common in:

- A) Pituitary tumors.
- B) Primary open angle glaucoma.**
- C) Papilledema.
- D) Papillitis.
- E) None of the above.



(51) This man has:

- A) An inferior arcuate fibre drop-out & superior arcuate scotoma.
- B) An inferior arcuate fibre drop-out & a nasal step.
- C) An inferior arcuate fibre drop-out & an annular scotoma.
- D) An inferior arcuate fibre drop-out & an isolated paracentral scotoma.
- E) A superior arcuate fibre drop-out & superior arcuate scotoma.





(52) The anatomical site of the lesion causing this field defect is:

- A) The optic chiasm.**
- B) The optic nerve.**
- C) The optic tract.**
- D) The optic radiation.**
- E) The occipital cortex.**





(54) The illustrated condition is termed:

A) Metamorphopsia.

B) Micropsia.

**C) Macropsia.**

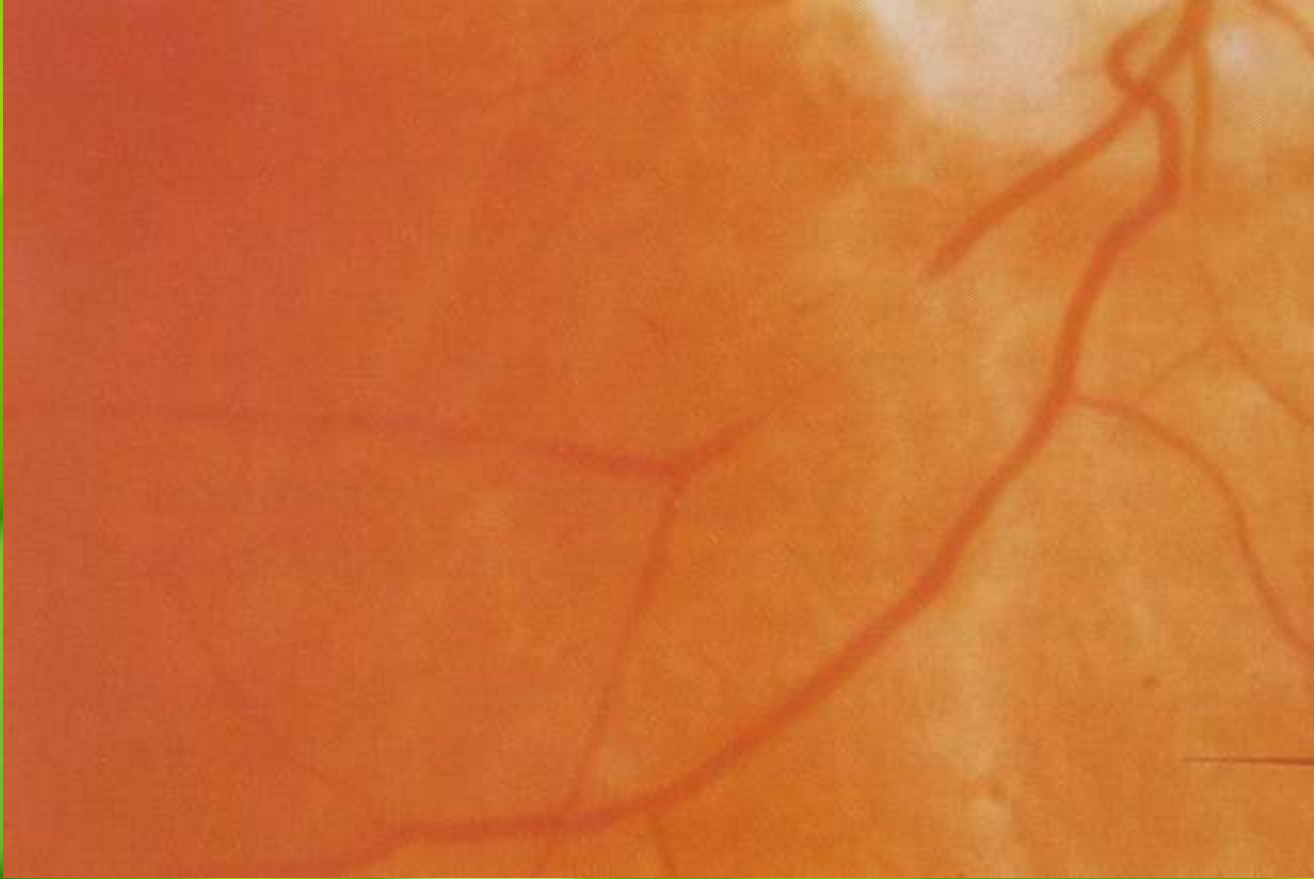
D) Photopsia.

E) Hemianopsia.



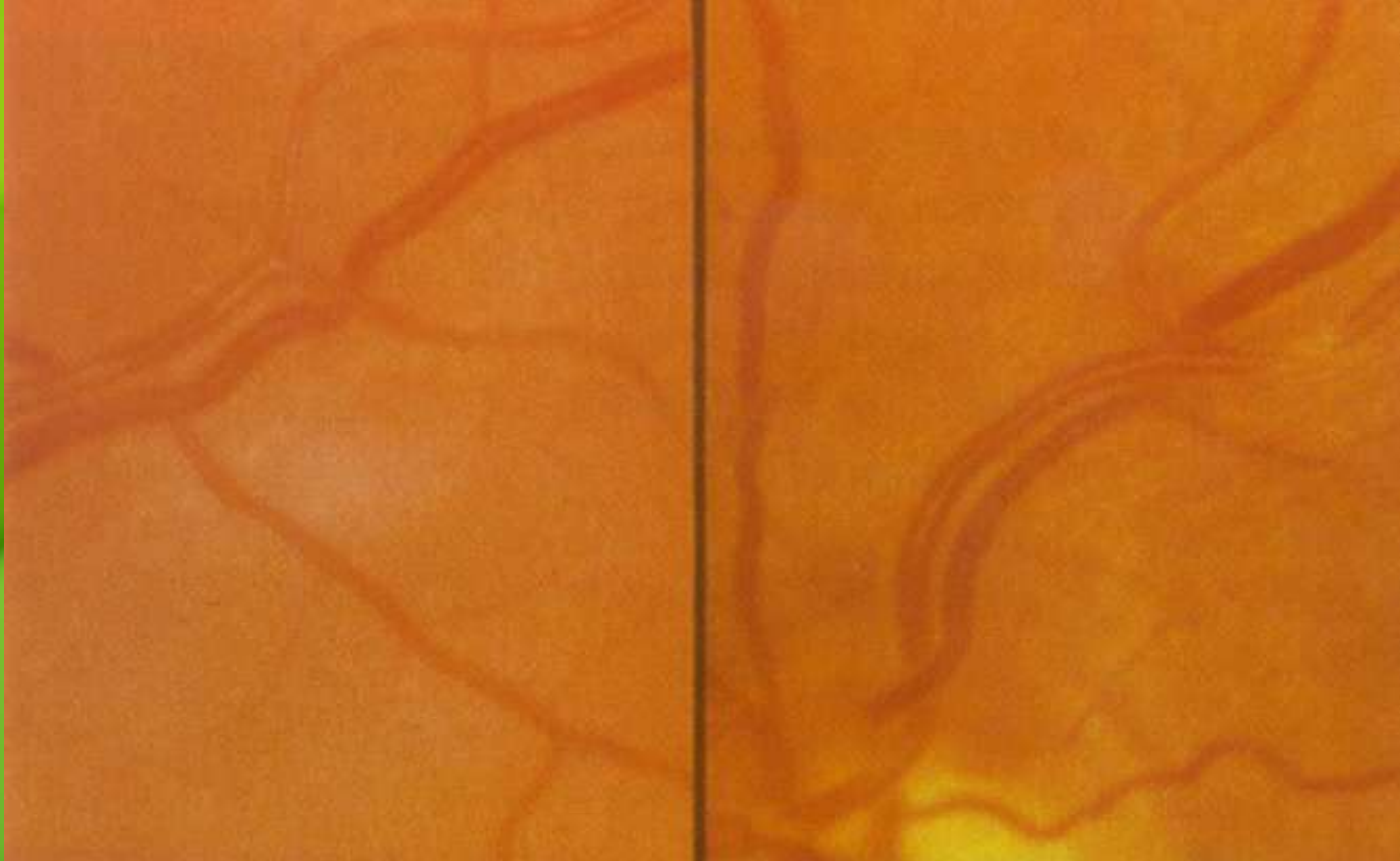
(61) This visual experience is not a feature of:

- A) Degenerative myopia.
- B) Retinitis pigmentosa.
- C) Macular hole.**
- D) Advanced liver disease.
- F) Disseminated chorioretinitis.
- G) Malabsorption syndrome.



(62) The following fundus changes are typical in:

- A) Diabetes mellitus.
- B) Retinitis pigmentosa.
- C) Central retinal vein occlusion.
- D) Hypertensive retinopathy.**
- E) Rhegmatogenous retinal detachment (RD).



**(63) Which is not found in this fundus?**

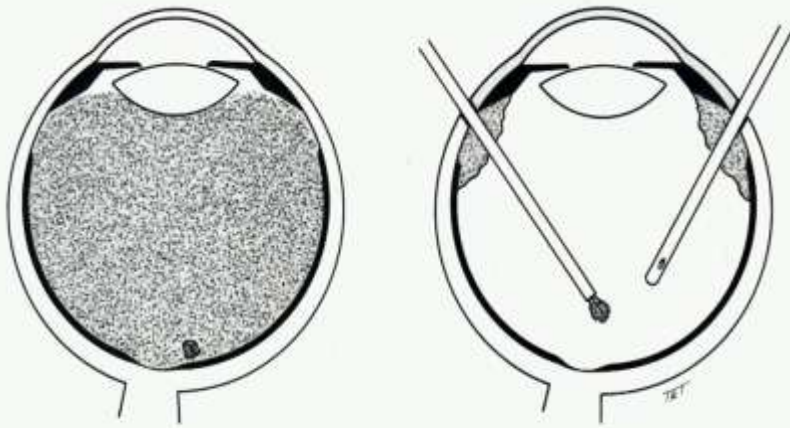
- A) Banking.**
- B) Lateral deflection.**
- C) Vertical deflection.**
- D) Copper-wiring of the arterioles.**
- E) Disc edema.**
- F) A & E.**



(64) This fundus appearance is termed:

- A) Salus sign.
- B) Gunn`s sign.**
- C) Bonnet sign.
- D) Hutchinson triad.
- E) Posner triad.





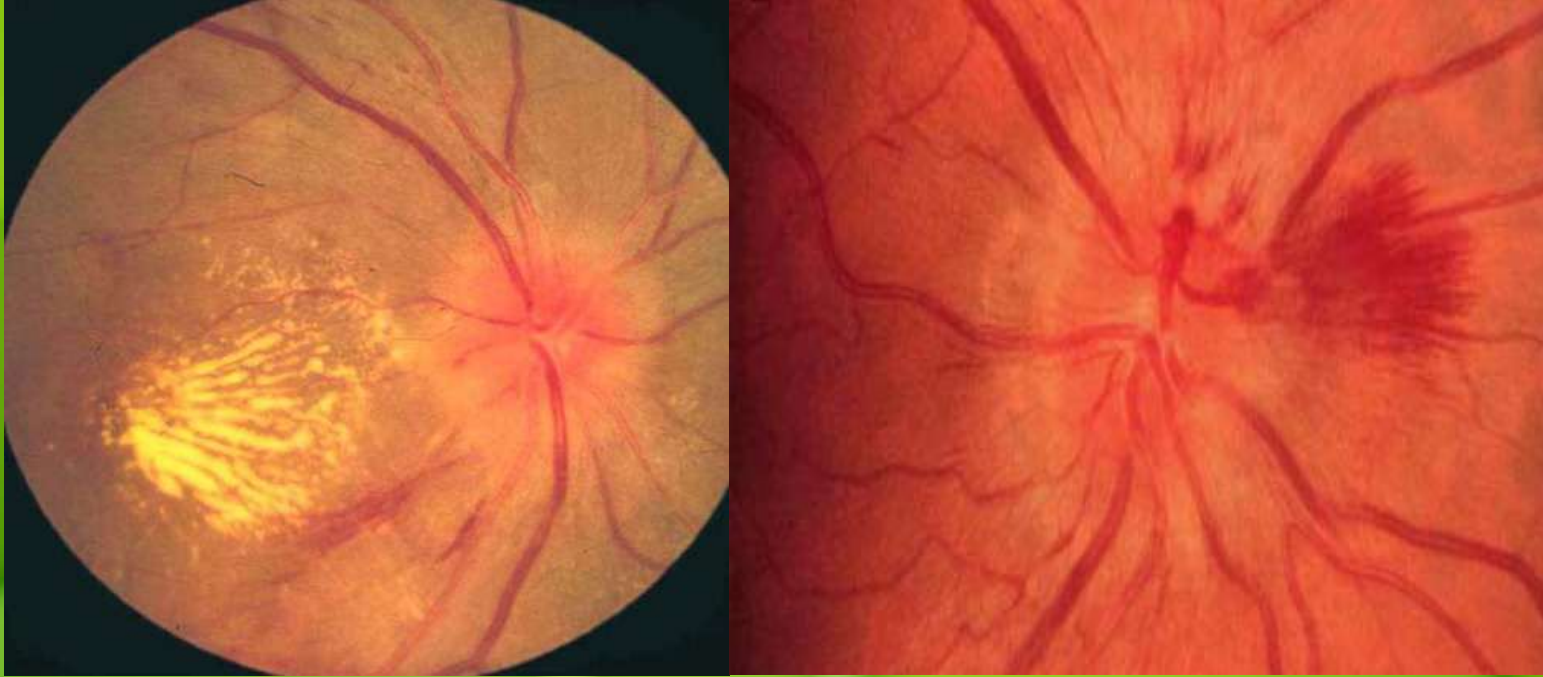
(65) This man was hammering a piece of iron with an axe when something stroke his eye. Which is not a recognized complication?

- A) Exogenous endophthalmitis.
- B) Traumatic cataract.
- C) Vitreous hemorrhage.
- D) Retinal break.
- E) Siderosis bulbi.
- F) Blow-out inferior wall orbital fracture.



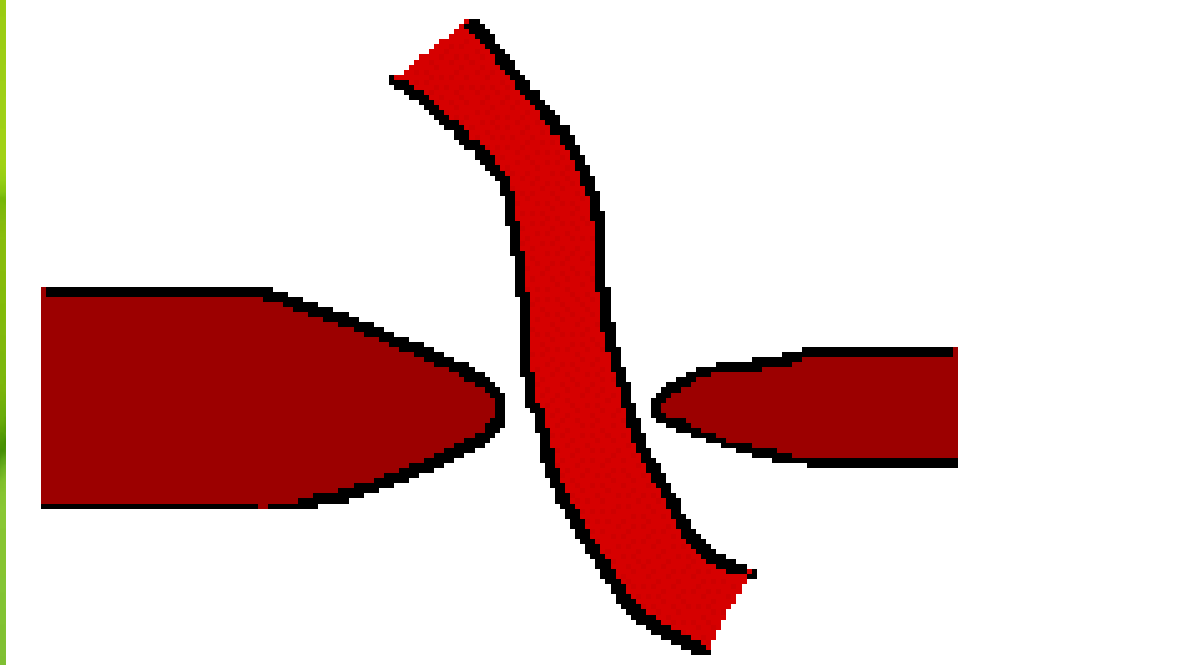
(66) Blood pressure in this man is mostly:

- A) 100 / 70 mmHg.
- B) 120 / 80 mmHg.
- C) 150 / 100 mmHg.
- D) 170 / 110 mmHg.
- E) 220 / 130 mmHg.**



(67) Which is not helpful in diagnosing this condition?

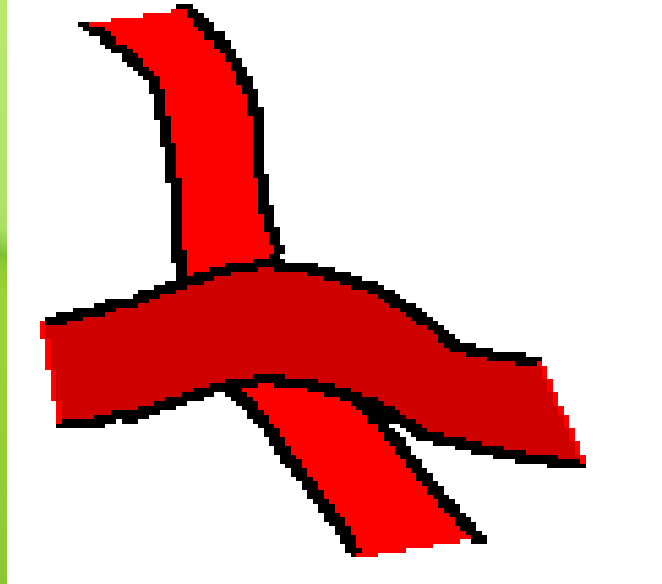
- A) Testing the pupillary light reflex.
- B) Estimating the corneal thickness.**
- C) Performing brain CT.
- D) Measuring the systemic blood pressure.
- E) Ishihara pseudoisochromatic plates.



(68) Which is untrue concerning this fundus sign?

- A) Is termed Salus sign.
- B) The vein is dilated distal to A/V crossing (banking).**
- C) Is a sign of nonproliferative diabetic retinopathy.
- D) Is termed Gunn's sign.
- E) A, C & D.

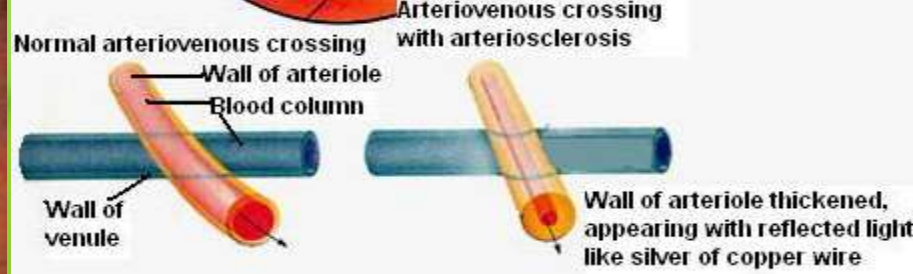




(69) Which is true regarding this fundus sign?

- A) Is termed Salus sign.
- B) Is a sign of arteriosclerosis.
- C) Is a sign of nonproliferative diabetic retinopathy.
- D) Is termed Gunn's sign.
- E) Is termed Bonnet sign.
- F) A & B.





(70) The illustrated findings are typical of:

- A) Central retinal vein occlusion. •
- B) Rhegmatogenous retinal detachment. •
- C) Hypertensive retinopathy. •
- D) Retinitis pigmentosa. •
- E) Papillitis. •



(71) This man complains of difficult adaptation to dim situations. The provisional diagnosis is:

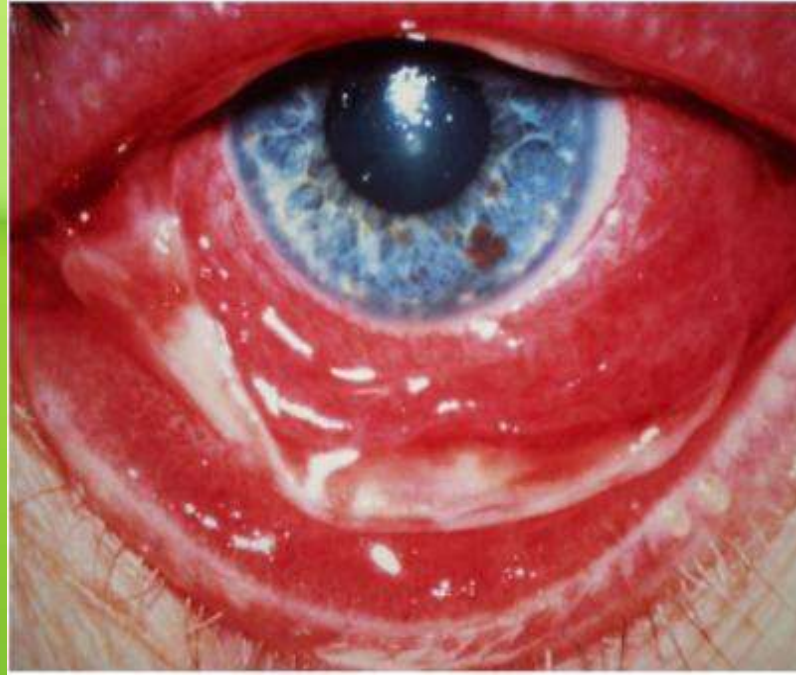
- A) Vitamin A deficiency.
- B) Degenerative myopia.
- C) Retinitis pigmentosa.**
- D) Disseminated chorioretinitis.
- E) Malabsorption syndrome.





(72) This visual experience is termed:

- A) Micropsia.
- B) Amaurosis fugax.
- C) Metamorphopsia.
- D) Macropsia.
- E) Photopsia.



(15) The most serious complication of this condition is:

- A) Primary angle closure glaucoma.
- B) Primary open angle glaucoma.
- C) Blood staining of the cornea.
- D) Bacterial corneal ulcers.**



(32) As concerns this man, which is false?

- A) The refraction is typically hyperopic.
- B) Has increased corneal curvature.
- C) The anterior chamber has increased depth.
- D) Glasses may be helpful in early cases.
- E) Very liable to angle closure glaucoma.
- F) A & D.
- G) A & E.





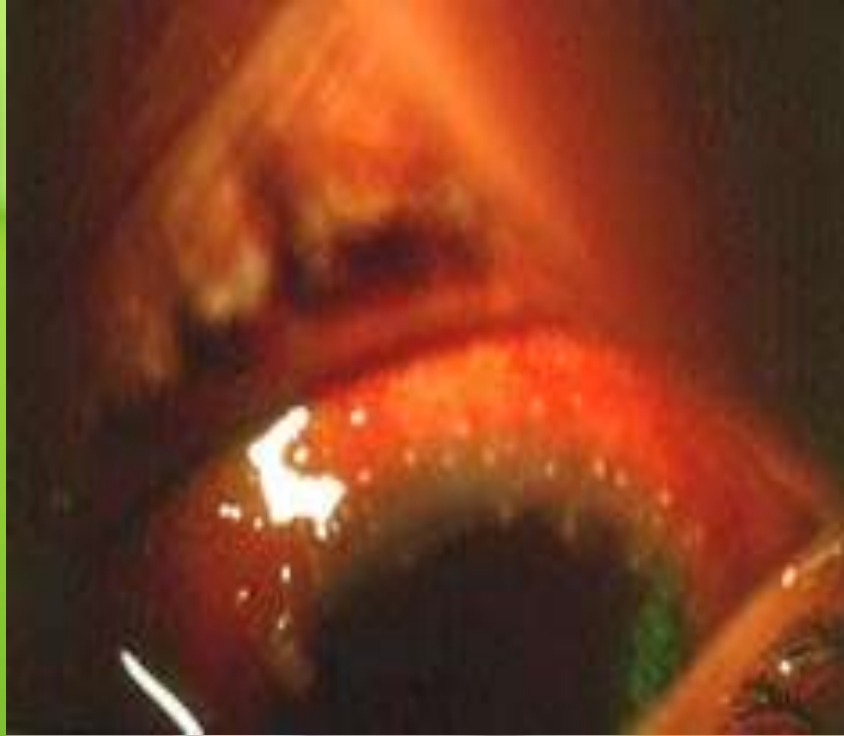
**(6) The injection in this patient :**

- A) Is maximal in the fornices.**
- B) Can be easily abolished by phenylephrine.**
- C) Is caused by the corneal ulcer & the 2ry iritis.**
- D) A&C.**
- E) A&B.**



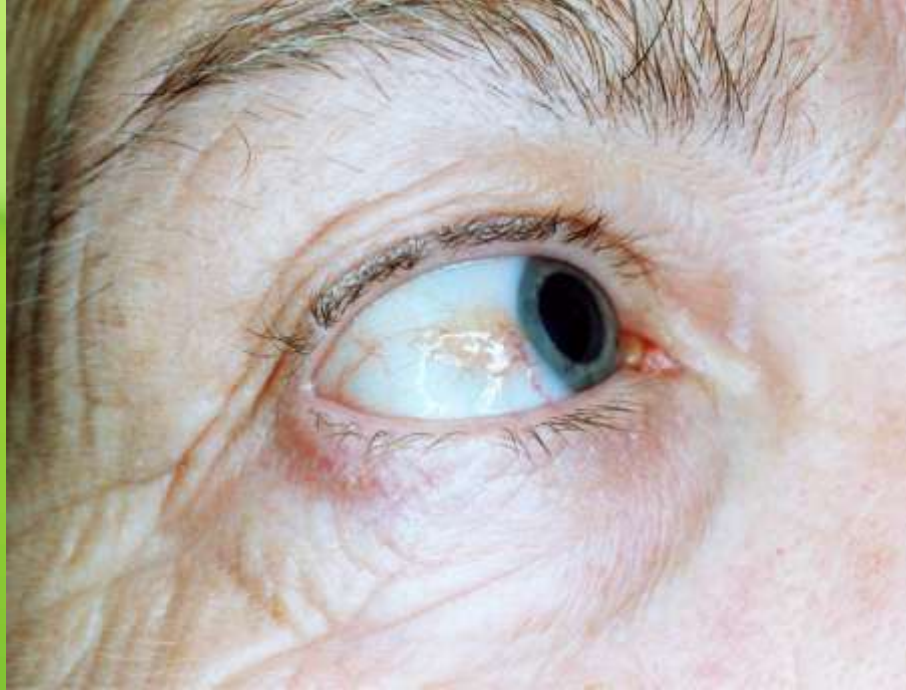
(4) The incriminated agent in this 15 days old baby would be any one except:

- A) Streptococci.
- B) Silver nitrate.
- C) Chlamydiae.
- D) Acanthameba.**
- E) Nisseria gonorrhea.



**(14) The white spots in the upper limbus are termed:**

- A) Bitot spots.**
- B) Tranta spots.**
- C) Arlt's line.**
- D) Trachomatous pannus.**
- E) Kayser-Fleischer ring.**



**(27) This conjunctival lesion is termed:**

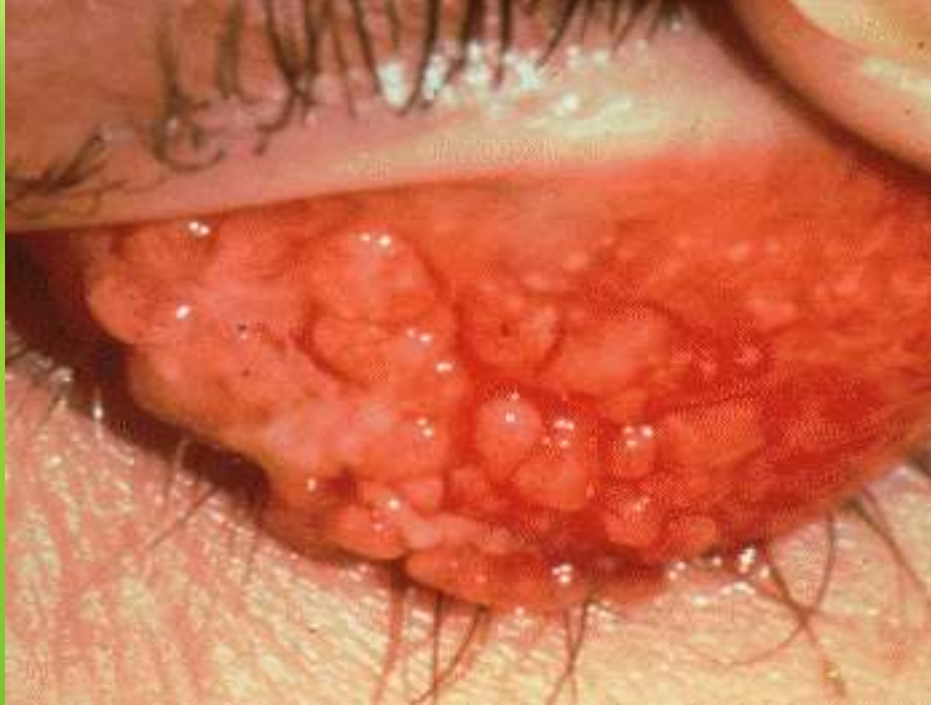
- A) Pterygium.**
- B) Pinguecula.**
- C) Pseudopterygium.**
- D) Bitot`s spot.**
- E) Phlycten.**





**(5) Concerning this 18 days old baby, all is true except:**

- A) *N.gonorheae* is the commonest cause.**
- C) The birth canal is the commonest infective source.**
- D) Corneal complications are of particular significance.**
- E) *Chlamydiae* are rarely incriminated.**
- F) A&E.**



(12) This patient usually presents with except:

- A) Mechanical ptosis.
- B) Nyctalopia.**
- C) Intense itching.
- D) Stringy discharge.
- E) Lacrimation.



(11) Concerning the limbal lesion here, all is true except:

- A) Dust & fumes are aggravating factors.
- B) Staph.aureus toxins may be the inciting factor.
- C) The limbal location is atypical.
- D) Dramatic steroid responsiveness is typical.
- E) A & C.**
- F) A & D.





(13) Regarding the conjunctival lesion in this patient, all is true except:

- A) High astigmatism is common.
- B) Visual acuity is little affected.**
- C) Simple excision has a high recurrence rate.
- D) Mitomycin-C is a helpful adjuvant.
- E) Conjunctival autografting may be needed.



(16) The following sign  
sign is termed:

- A) Madaraosis.
- B) Ptylosis.
- C) Chemosis.**
- D) Corneal ulcer.
- E) Lagophthalmos.





(17) As concerns this conjunctival lesion, all is true except:

- A) Represents an allergy to exogenous agent.**
- B) Has an excellent response to steroids.**
- C) Pingueculae & limbal spring catarhh are important differential diagnostic issues.**
- D) May be multiple.**
- E) May be complicated by corneal ulceration.**



**(9) The following conjunctival sign is termed:**

- A) Symblepharon.**
- B) Pingueculae.**
- C) Arlt's line.**
- D) Bitot spots.**
- E) Trachomatous pannus.**

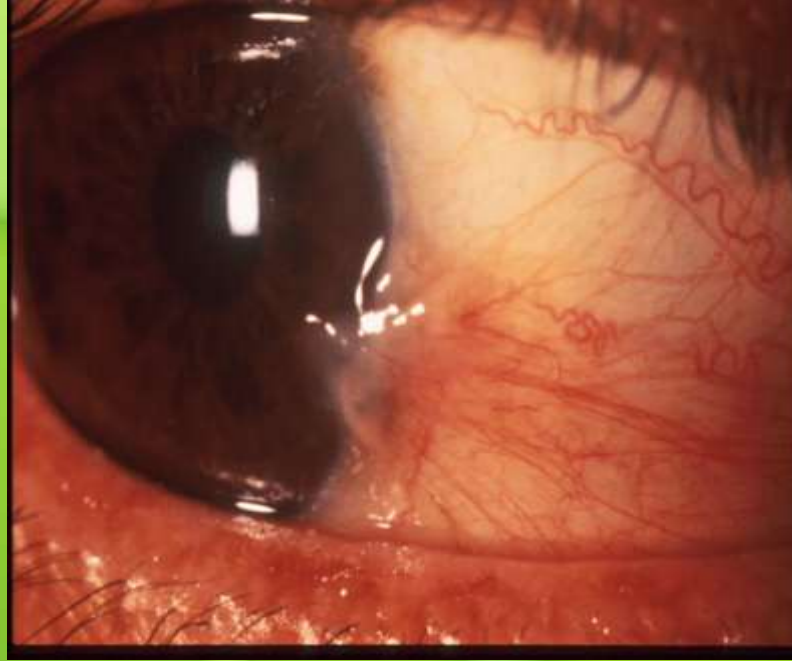




(19) This conjunctival sign is typically encountered in:

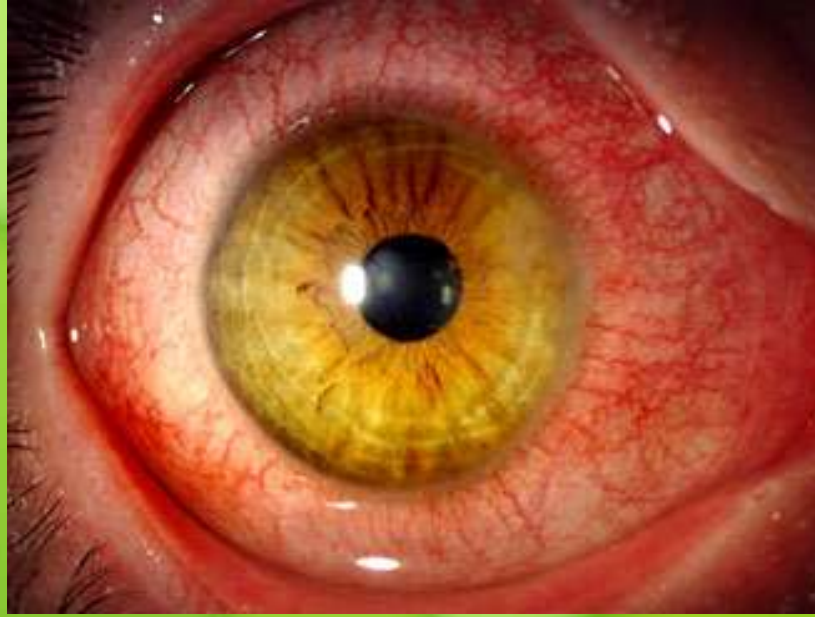
- A) Acute angle closure glaucoma.
- B) Acute iridocyclitis.
- C) Purulent conjunctivitis.**
- D) Hypopyon corneal ulcer.
- E) Fungal corneal ulcer.





(22) The following may be used to decrease the recurrence rate of this lesion except:

- A) Conjunctival autograft.
- B) Intraoperative mitomycin-c application.
- C) Bare sclera technique.
- D) Postoperative beta-irradiation.
- E) Postoperative argon laser photocoagulation.
- F) Postoperative gamma rays.
- G) Postoperative 5-fluorouracil.



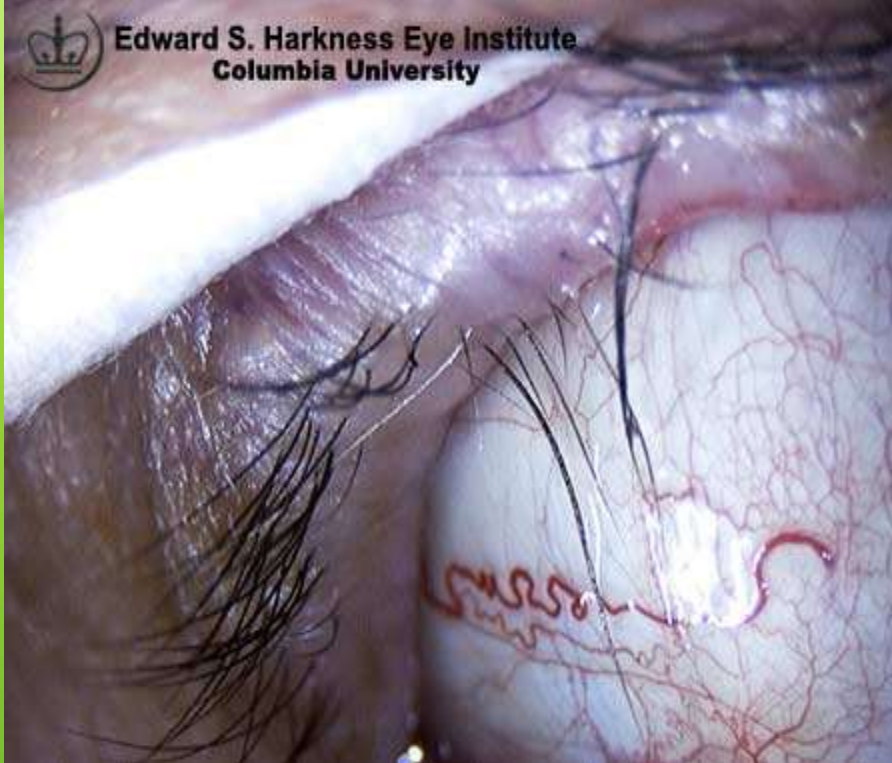
**(23) The provisional diagnosis in this case is:**

- A) Mucopurulent conjunctivitis.**
- B) Acute congestive glaucoma.**
- C) Acute anterior uveitis.**
- D) Endophthalmitis.**
- E) Panophthalmitis.**



(24) This conjunctival sign is termed:

- A) Ptylosis.
- B) Chemosis.**
- C) Madarosis.
- D) Argyrosis.
- E) Ciliary injection.



(2) The upper lid condition is termed:

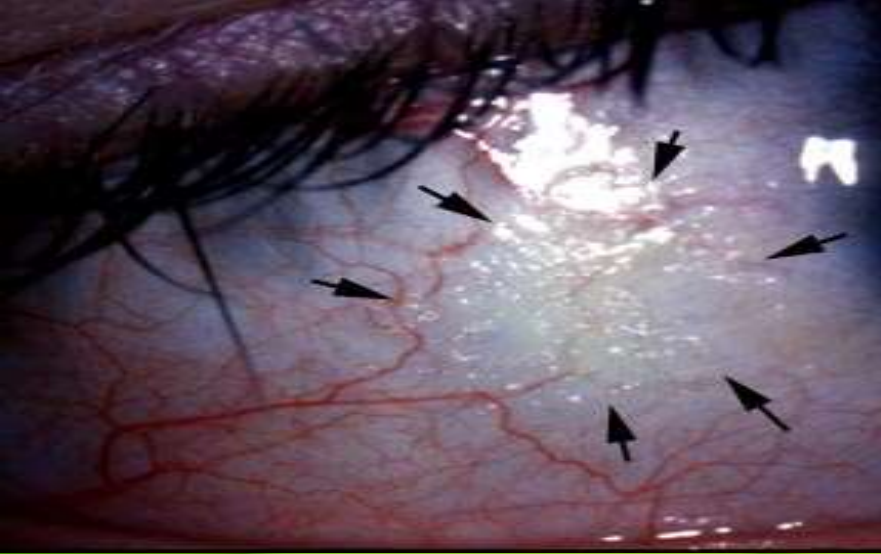
- A) Rubbing lashes.
- B) Trichiasis.**
- C) Entropion.
- D) Ectropion.
- E) Lagophthalmos.
- F) None of the above.





(25) This lady typically presents with:

- A) Unilateral diplopia.
- B) Binocular diplopia on looking up.**
- C) Muscae volitantes.
- D) Photopsia.
- E) Binocular diplopia on looking down.
- F) None of the above.

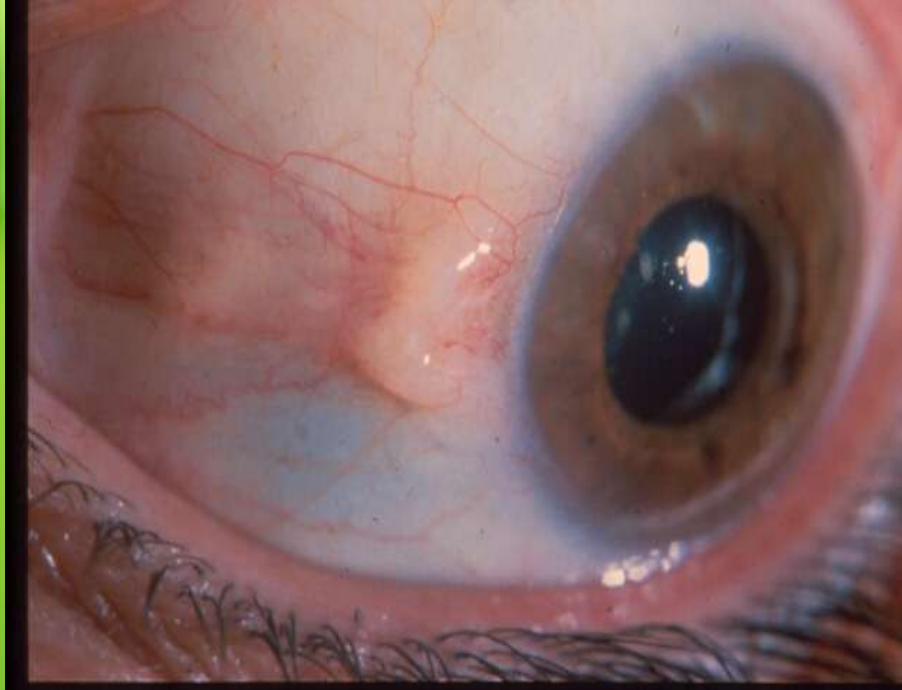


- (29) These bulbar conjunctival lesions are commonly encountered in:
- A) Allergy to ultraviolet rays.
  - B) Allergy to staph. aureus toxins.
  - C) Xerophthalmia.
  - D) Ophthalmia neonatorum.
  - E) The elderly due to hyaline conjunctival degeneration.



(24) This man has a:

- A) A pendular nystagmus.
- B) A right jerky nystagmus.
- C) A left jerky nystagmus.
- D) A latent nystagmus.
- E) An upbeat nystagmus.



(21) This conjunctival lesion is termed:

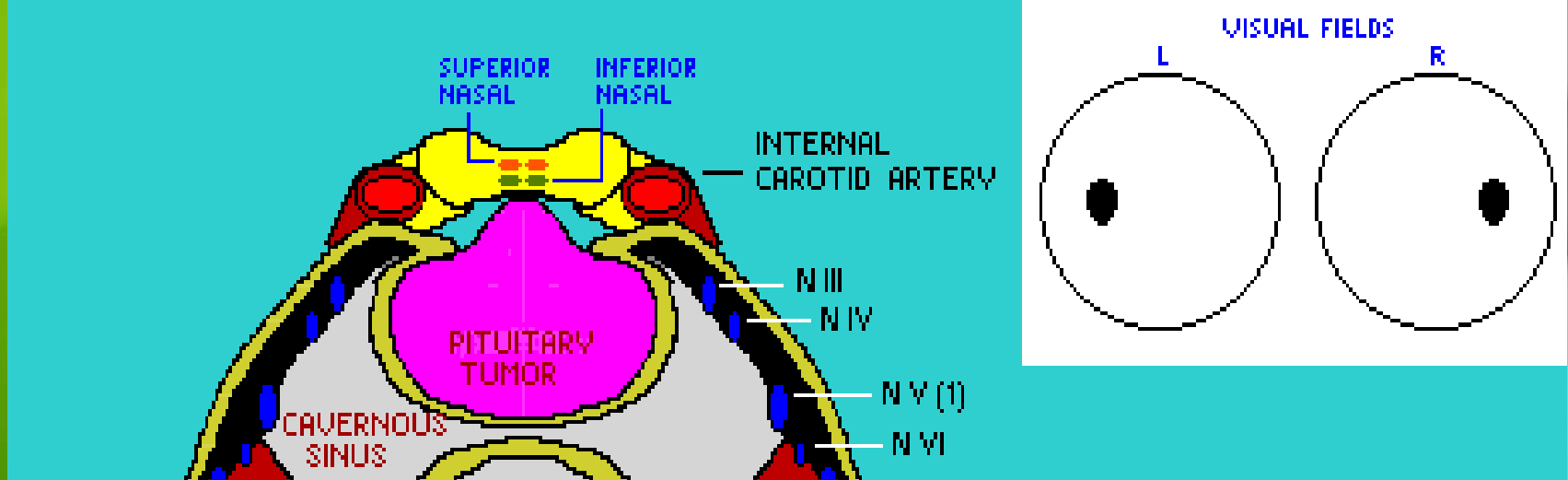
- A) Bitot`s spot.
- B) Tranta`s spot.
- C) Phlycten.
- D) Pterygium.
- E) Pinguecula.**





(30) The most serious organism that could produce this condition in this 2 weeks` old baby is:

- A) Nisseria gonorrhoeae.**
- B) Staphylococcus aureus.**
- C) Streptococci.**
- D) Pneumococci.**
- E) Herpes simplex virus.**



(53) Which chiasmal fibres are compressed first?

- A) The inferonasal fibres.
- B) The inferotemporal fibres.
- C) The central fibres.
- D) The superotemporal fibres.
- E) The superonasal fibres.



(31) This man has all except:

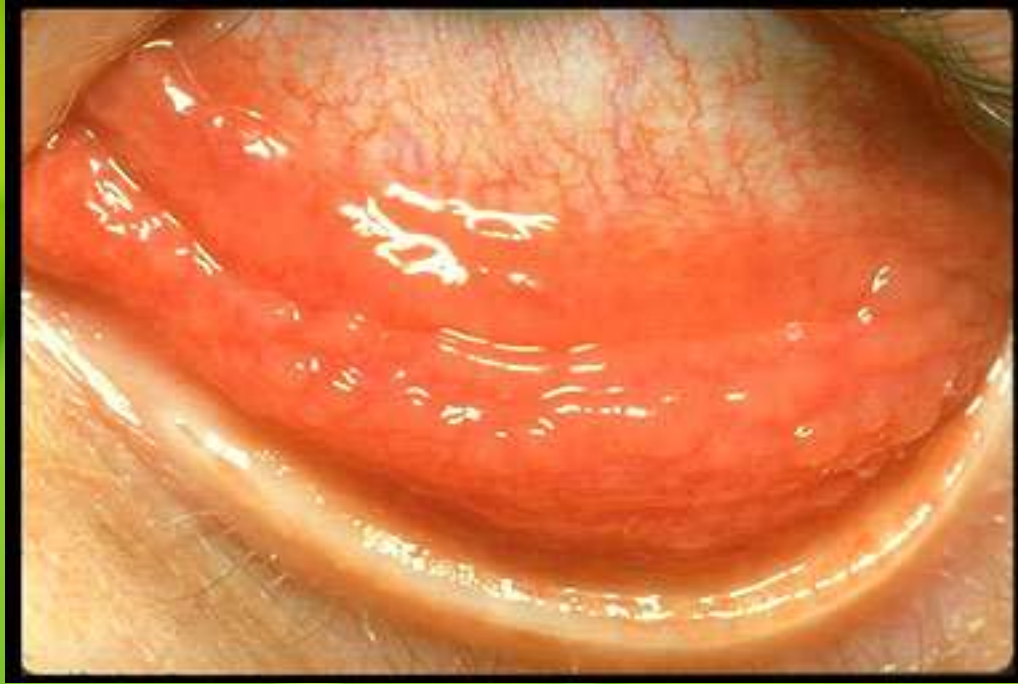
- A) Mucopurulent discharge.
- B) Chemosis.
- C) Lid edema.
- D) Sticky lashes.
- E) Ciliary injection.**



(34) This boy is liable to all except:

- A) Trachoma.
- B) Parasitic blepharitis.
- C) Mucopurulent conjunctivitis.
- D) Acute iridocyclitis.
- E) Dendritic corneal ulcers.
- F) B & E.
- G) D & E.





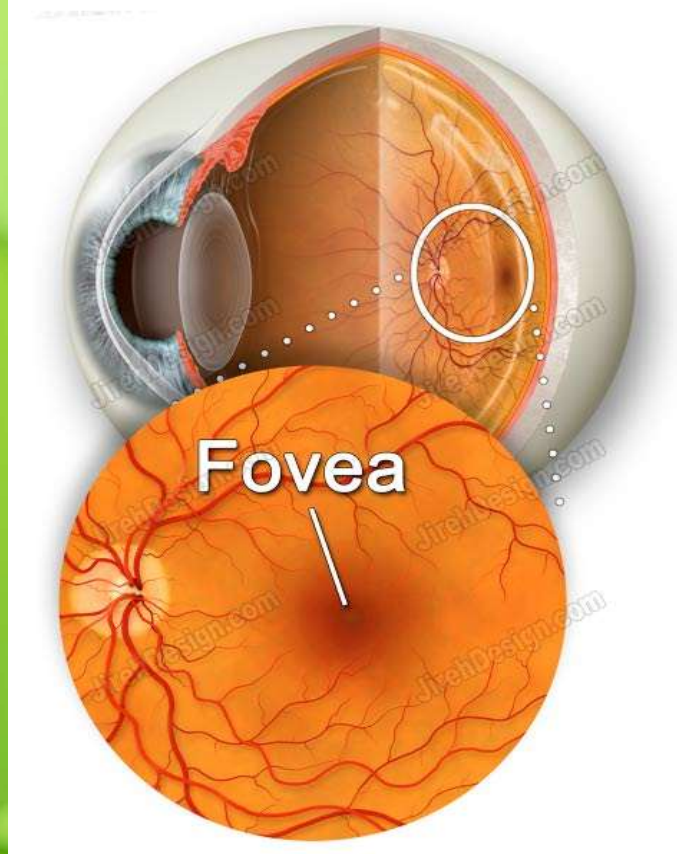
(36) This type of conjunctival reaction may be a sign of:

- A) Hypersensitivity to topical medications.
- B) Chlamydial conjunctivitis.
- C) Viral conjunctivitis.
- D) Parinaud oculoglandular syndrome.
- E) All of the above.**



**(37) The discharge present between these upper tarsal projections is mostly:**

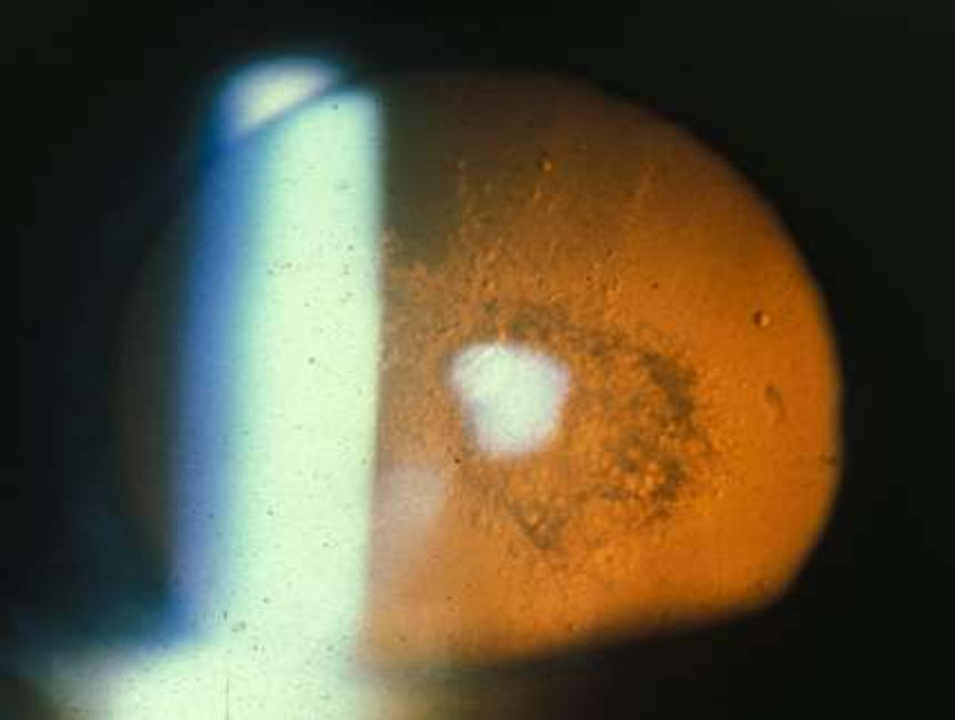
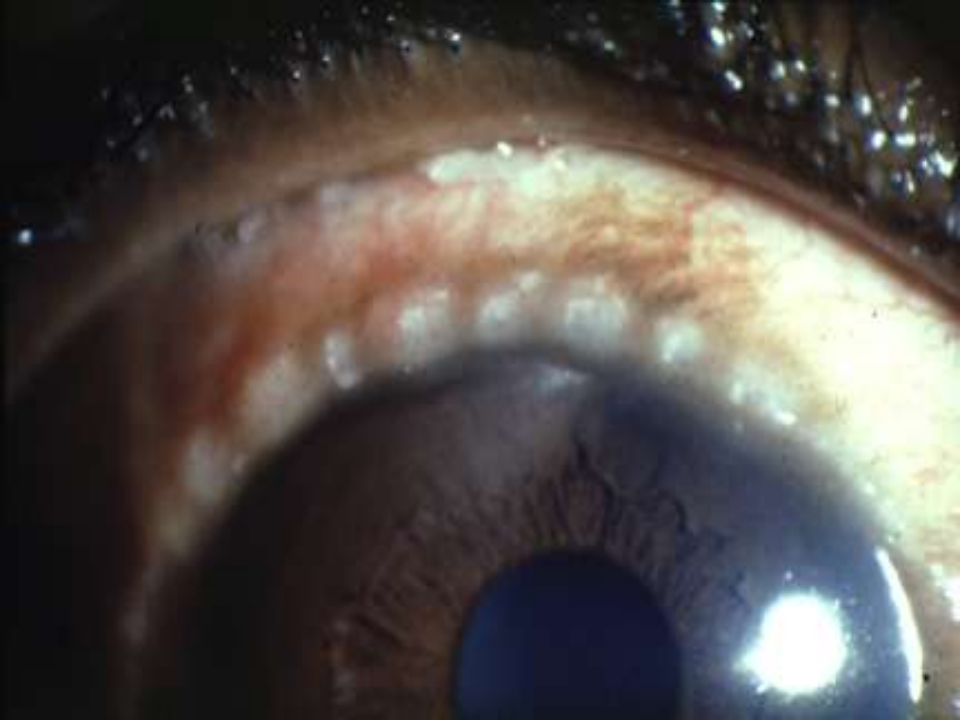
- A) Stringy mucoid.**
- B) Watery.**
- C) Purulent.**
- D) Mucopurulent.**
- E) None of the above.**



(58) The arrowed part of the retina is responsible for all except:

- A) Visual acuity.
- B) Color vision estimation.
- C) Contrast sensitivity.
- D) Light projection.
- E) Night vision.
- F) D & E.

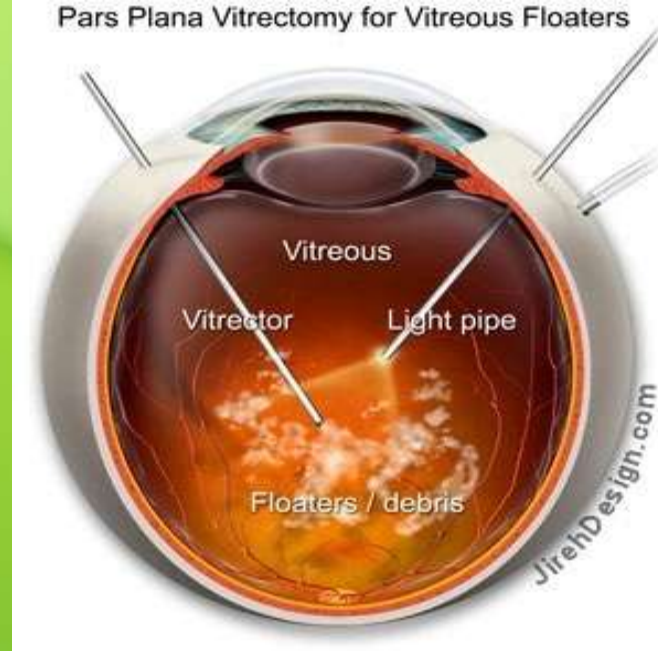




**(38) This boy has been suffering from intense ocular itching & stringy mucoid discharge for many years. The left left photo represents the external & the right the anterior segment photographs. The provisional diagnosis is:**

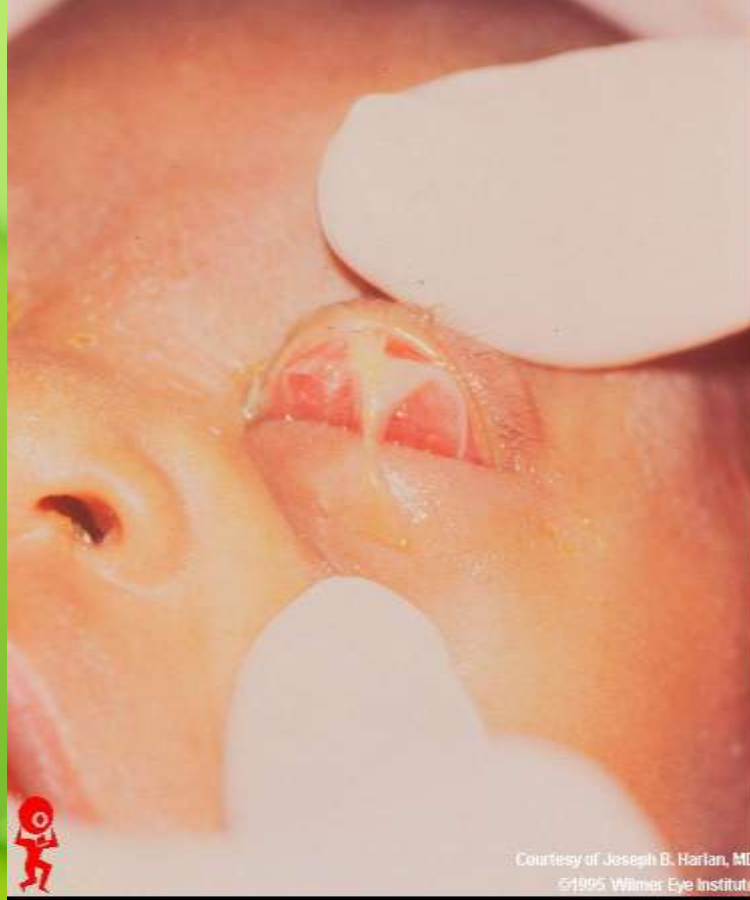
- A) Limbal spring catarrh with complicated posterior subcapsular cataract.**
- B) Multiple limbal phlyctens.**
- C) Trachomatous pannus.**
- D) Pingueculae.**
- F) Arcus juvenilis.**





(41) This surgical modality may be used for treating:

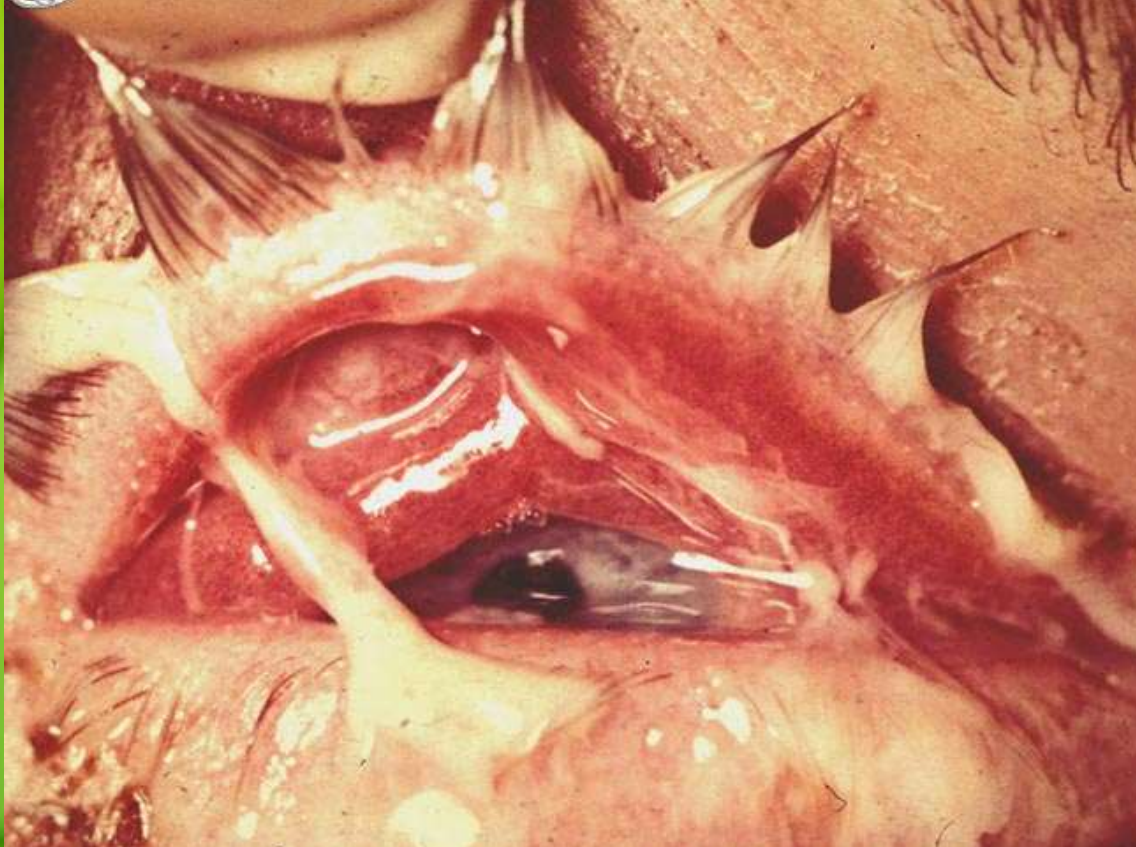
- A) Diabetic vitreous hemorrhage.
- B) Diabetic tractional retinal detachment.
- C) Posteriorly dislocated lens.
- D) Complicated rhegmatogenous retinal detachments.
- E) Dense premacular hemorrhage.
- F) Intravitreal foreign bodies.
- G) All of the above.**



Courtesy of Joseph B. Harlan, MD  
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(39) This conjunctival appearance may be due to all except:

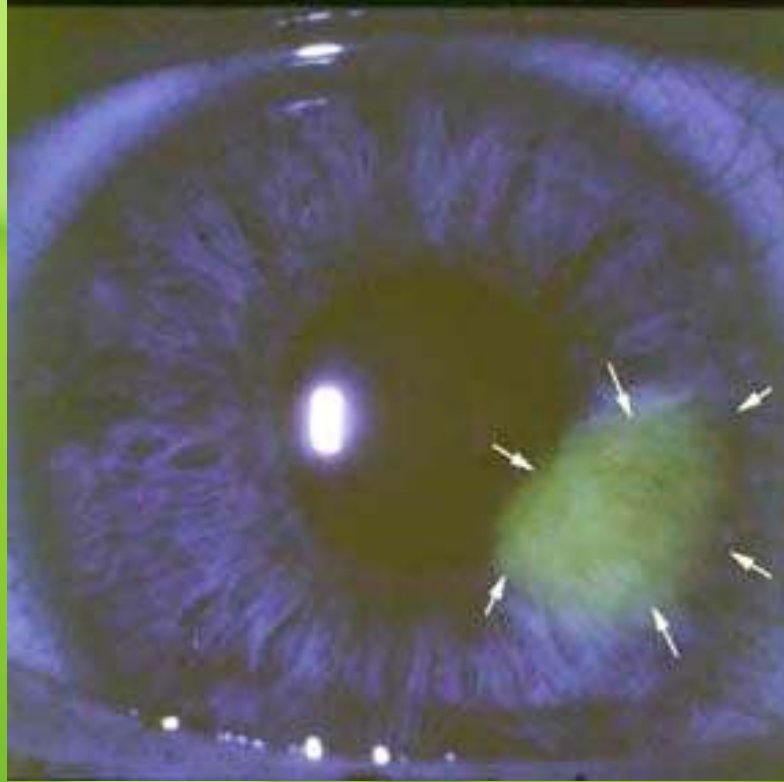
- A) Chlamydiae.
- B) Acanthamebae.**
- C) Streptococci.
- D) Gonococci.
- E) Silver nitrate.



(40)) Which is not correct in this 34 years old lady?

- A) Haloes around light may occur.
- B) Ciliary injection is diagnostic.
- C) Corneal extension of infection is a definite complication.
- D) The infection is typically viral in origin.
- E) B & D.
- F) A, B & D.





**(1) The arrowed lesion indicates.**

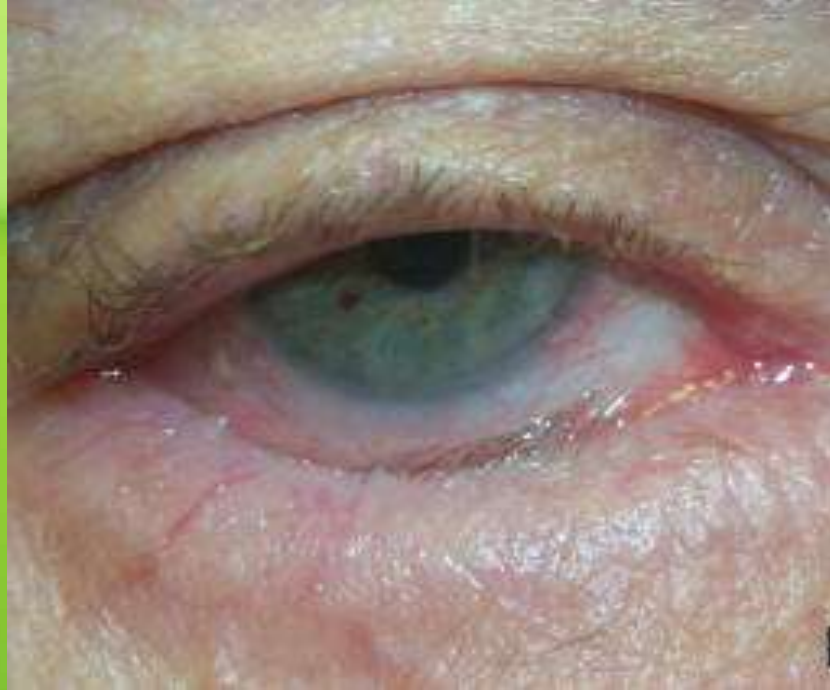
- A) Corneal perforation.**
- B) Corneal epithelial discontinuity.**
- C) Corneal hyposthesia.**
- D) Corneal ectasia.**
- E) May be a normal variant.**





(2) This woman has:

- A) Corneal opacity.
- B) Corneal ulcer.
- C) Arcus senilis.
- D) Arlt's line.
- E) Trachomatous pannus.
- F) None of the above.



**(18) The possible presenting features of this patient include all of the following except:**

- A) Severe pain.**
- B) Disfigurement.**
- C) Diminution of vision.**
- D) Lacrimation.**
- E) Itching.**



**(3) This man has a:**

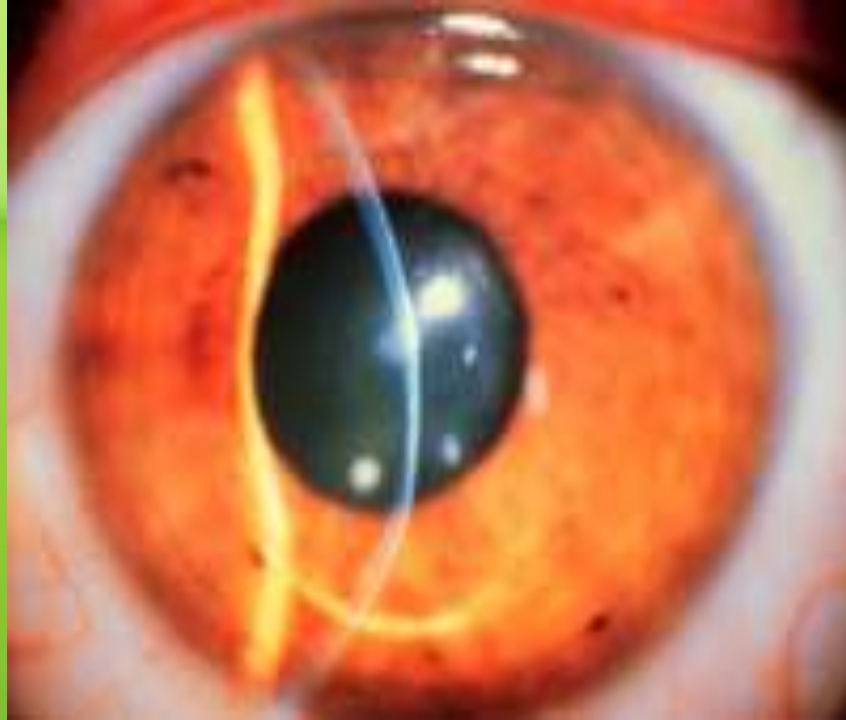
- A) Flat cornea.**
- B) Highly curved cornea.**
- C) Positive Munson sign.**
- D) Positive Hutchinson sign.**
- E) None of the above.**



(18) As concerns this patient, all is true except:

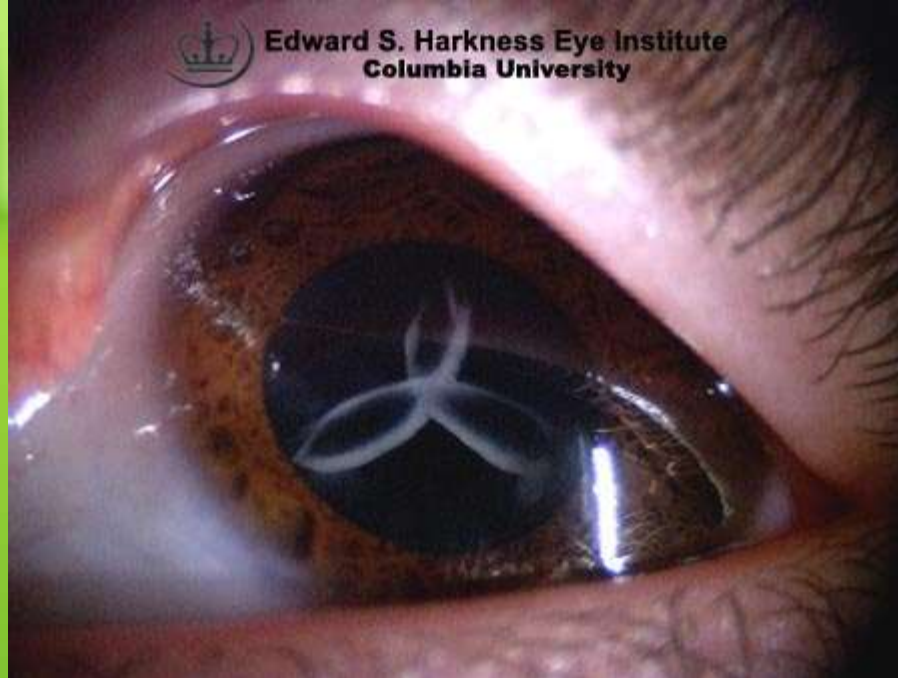
- A) Has a typical ciliary injection.
- B) May have an attack of anterior uveitis.
- C) May have an acute IOP elevation.
- D) May have a corneal epithelial defect.
- E) May have a mucopurulent conjunctivitis.**





**(37) Concerning the corneal thickness, this man has:**

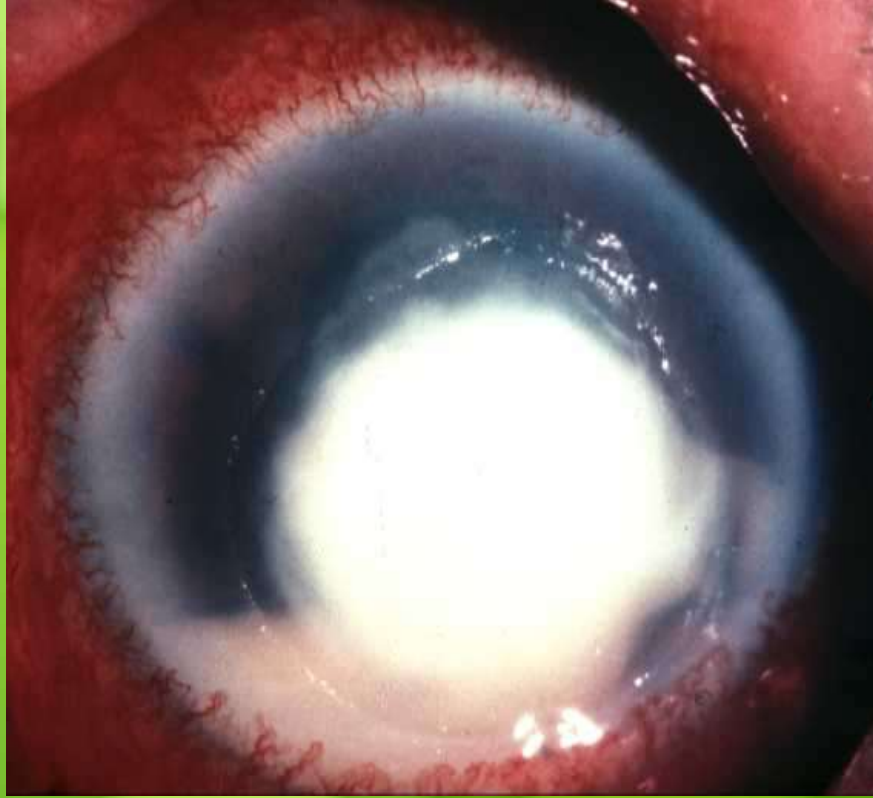
- A) A normal thickness all through.**
- B) A corneal thinning all through.**
- C) A corneal thickening all through.**
- D) A peripheral corneal thinning.**
- E) A peripheral corneal thickening.**



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Columbia University

(2) The lenticular lesion is typical of:

- A) Lens coloboma.
- B) Subluxation.
- C) Lamellar cataract.
- D) Coronary cataract.
- F) Sutural cataract.**



**(4) Concerning this patient, all is true except:**

- A) The lesion is characteristically painless.**
- B) IOP is expected to be above 30 mmHg.**
- C) Conjunctival injection is diagnostic.**
- D) Posterior synechiae may occur.**
- E) A&B.**
- F) A&C.**
- G) A,C&D.**



(40) This man has:

- A) A cornea with normal thickness & average A.Ch. depth.
- B) A thickened cornea with obliterated A.Ch. angle superiorly.
- C) A thinned cornea with superiorly obliterated A.Ch. angle.
- D) A thinned cornea with inferiorly obliterated A.Ch. angle.
- E) An inferiorly thickened cornea with obliterated A.Ch. angle.



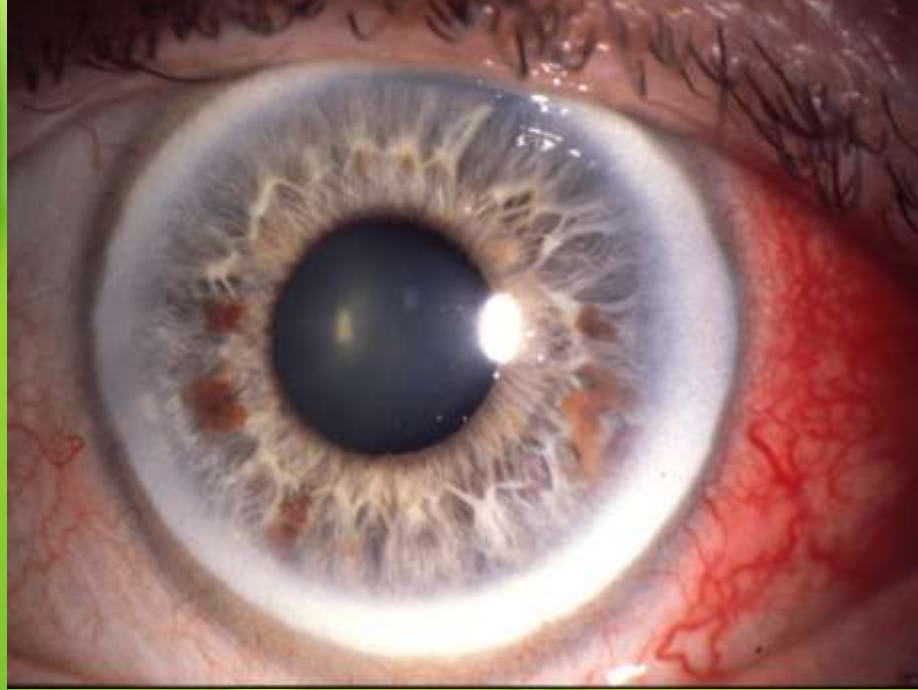


- (33) As concerns this upper tarsal conjunctival appearance, all is true except:
- A) Contact lenses may be the inciting factor.
  - B) Acyclovir has a favorable effect.
  - C) Could be exacerbated by exposure to fumes.
  - D) Staph. aureus toxins may exacerbate this appearance.
  - E) A & D.
  - F) B & D.



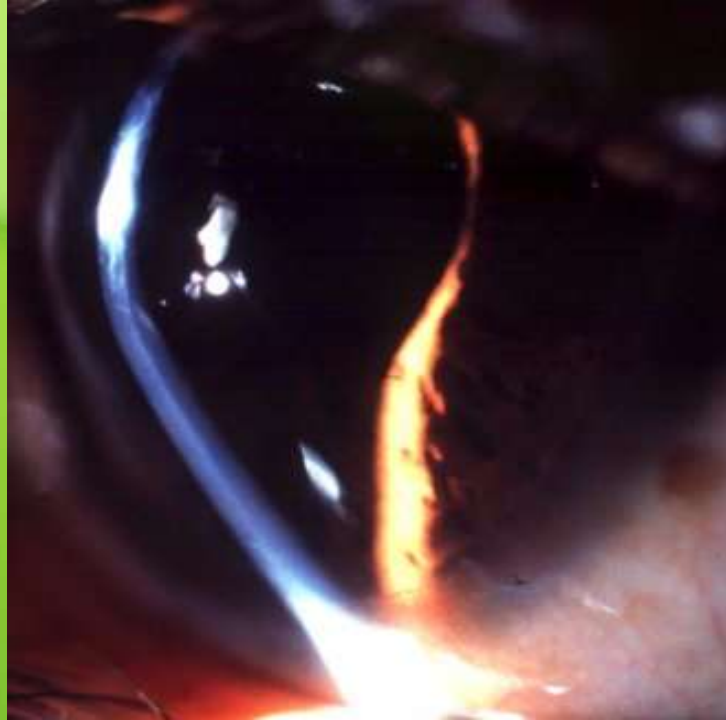
(5) As concerns this young man, which would be true?

- A) The refraction is typically hyperopic.
- B) Has increased A.Ch. depth.
- C) The refractive error could be easily corrected with soft contact lenses.
- D) Liable to sudden corneal edema.
- E) A&D.
- F) B&D.
- G) A,C&D.



(6) As regards this cornea, all is true except:

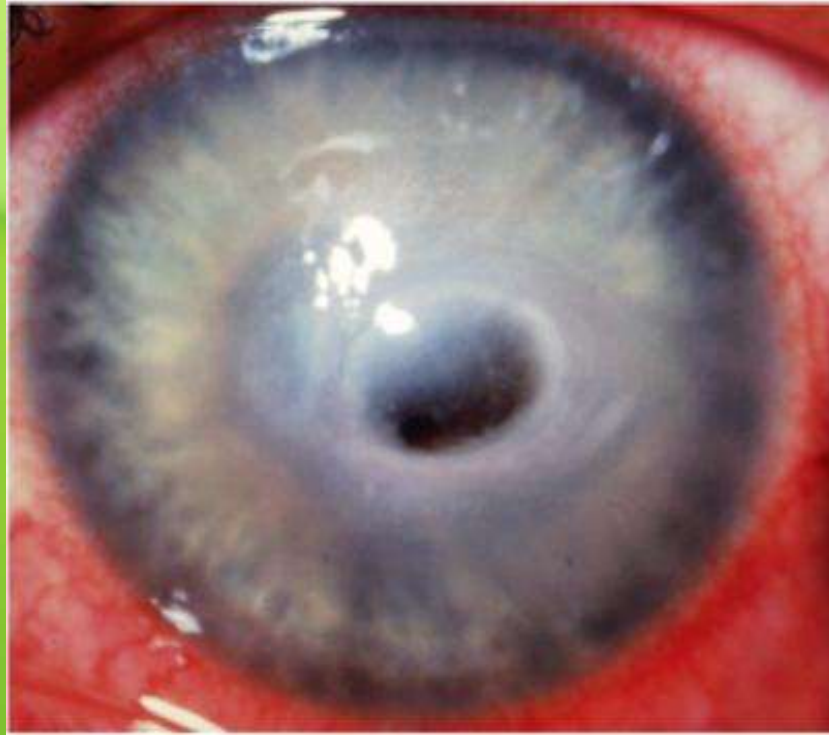
- A) Has increased corneal thickness due to lipid deposition.
- B) The peripheral opacity has no effect on vision.
- C) Similar appearance may be seen in younger patients with hyperlipidemia.
- D) Needs penetrating keratoplasty.
- E) A&C.
- F) A&D.



(7) Concerning this patient, which is false?

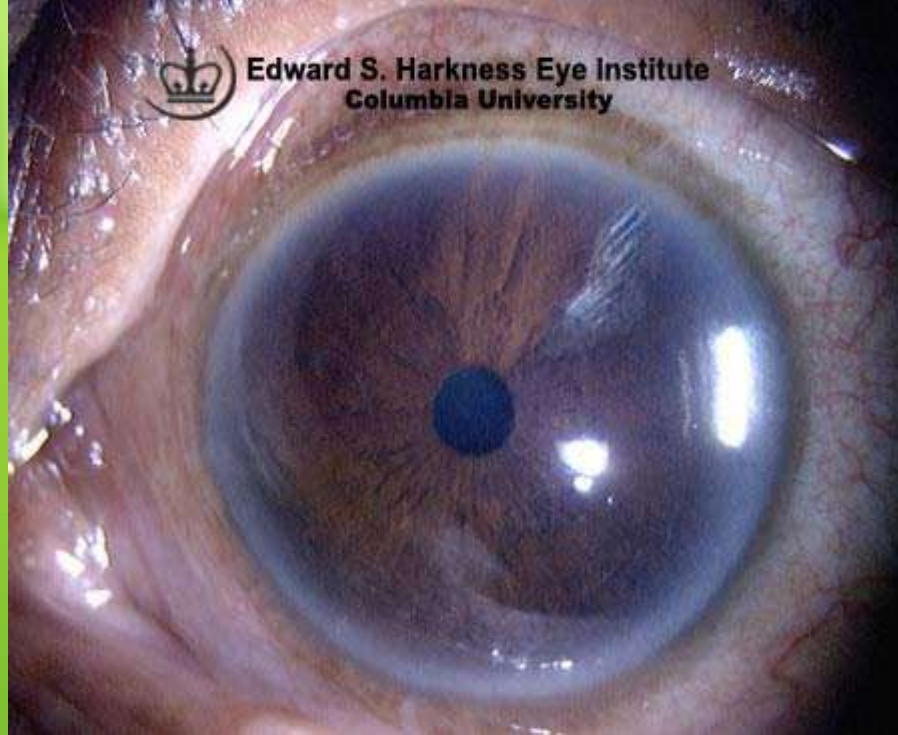
- A) Liable to 2ry angle closure due to narrow A.Ch. angle.
- B) Typically is myopic & astigmatic.
- C) Refractive surgery may be of help.
- D) Needs soft contact lenses for refractive correction.
- E) A&C.
- F) A&D.





(8) All of the following may be used in the treatment of this condition except:

- A) Carbonic anhydrase inhibitors.
- B) Pilocarpine.
- C) Absolute bed rest.
- D) Anterior chamber paracentesis.
- E) Ofloxacin eye drops.
- F) Bilateral ocular bandage.



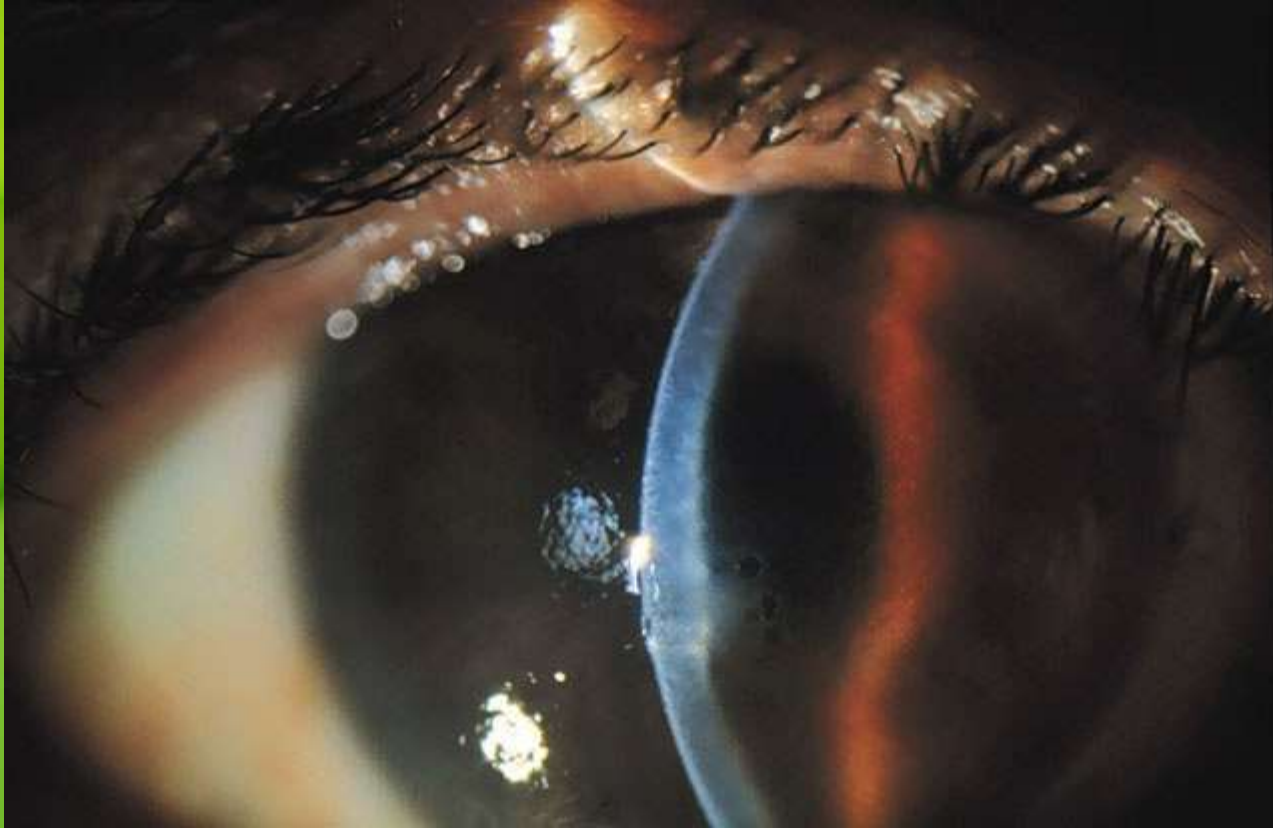
(9) This 66 years old man has:

- A) Trachomatous pannus.
- B) Arcus senilis.
- C) Atrophic iris patches.
- D) Central corneal opacity.
- E) B&C.
- F) A&C.



**(10) Concerning this patient, all is correct except:**

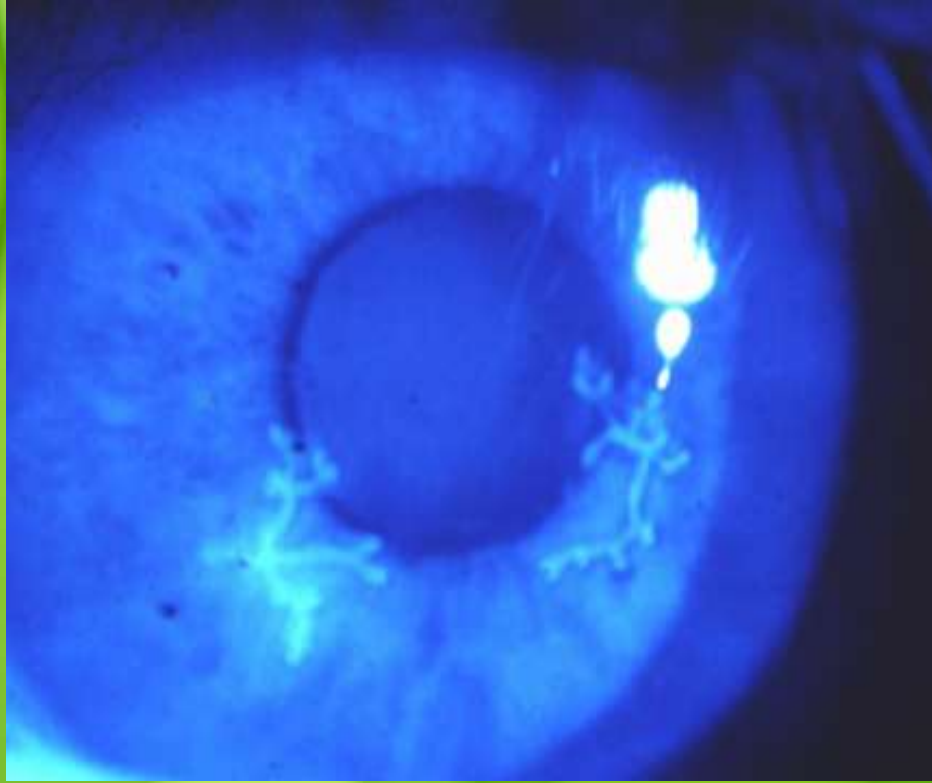
- A) Axial myopia is typical.**
- B) Anterior chamber depth is increased.**
- C) Penetrating keratoplasty may be needed.**
- D) Hard contact lenses may be of help.**
- E) Corneal thickness is decreased.**



(30) Concerning the corneal clarity, this man has:

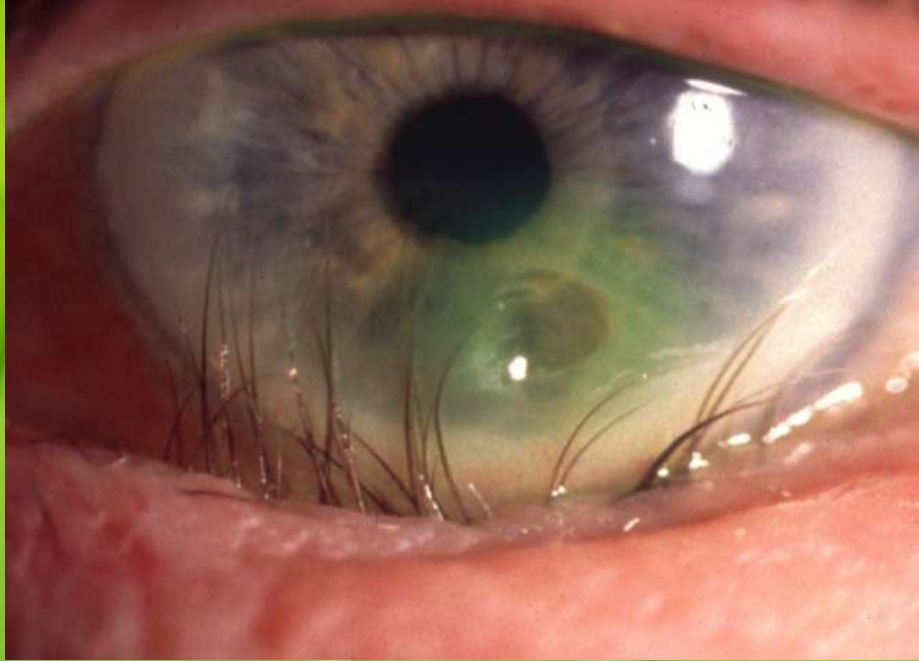
- A) A thickened, edematous cornea.
- B) A corneal ulcer.
- C) A leucoma.
- D) A crystal clear cornea.
- F) A markedly thinned cornea.





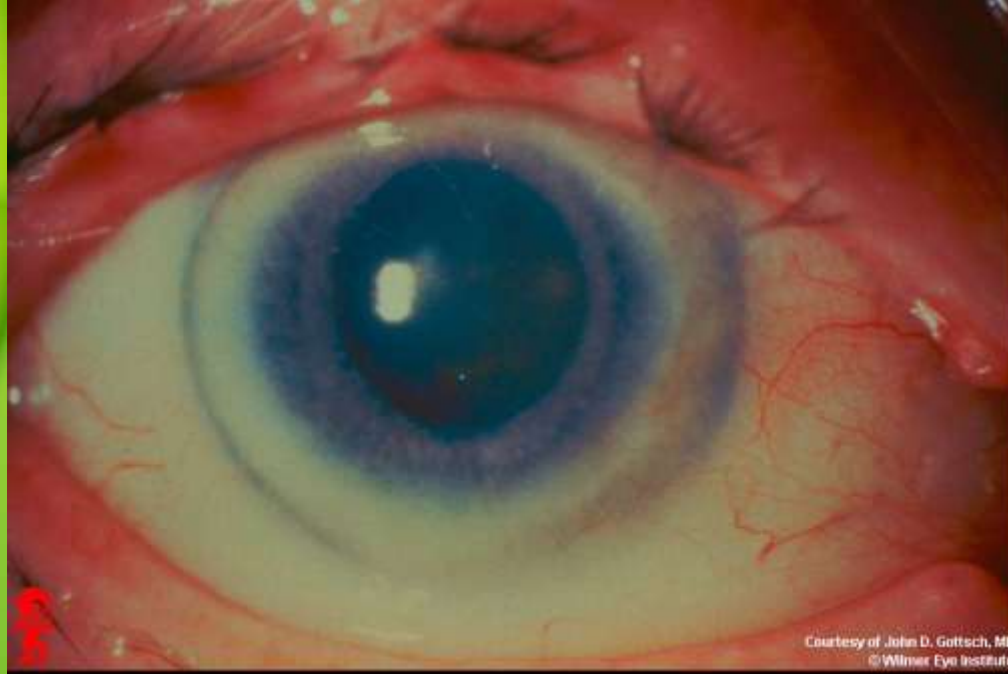
(11) The causative organism of this corneal lesion is:

- A) Herpes simplex.
- B) Acanthamebae.
- C) Pneumococci.
- D) Streptococci.
- E) Morax-Axenfeild diplobacilli.



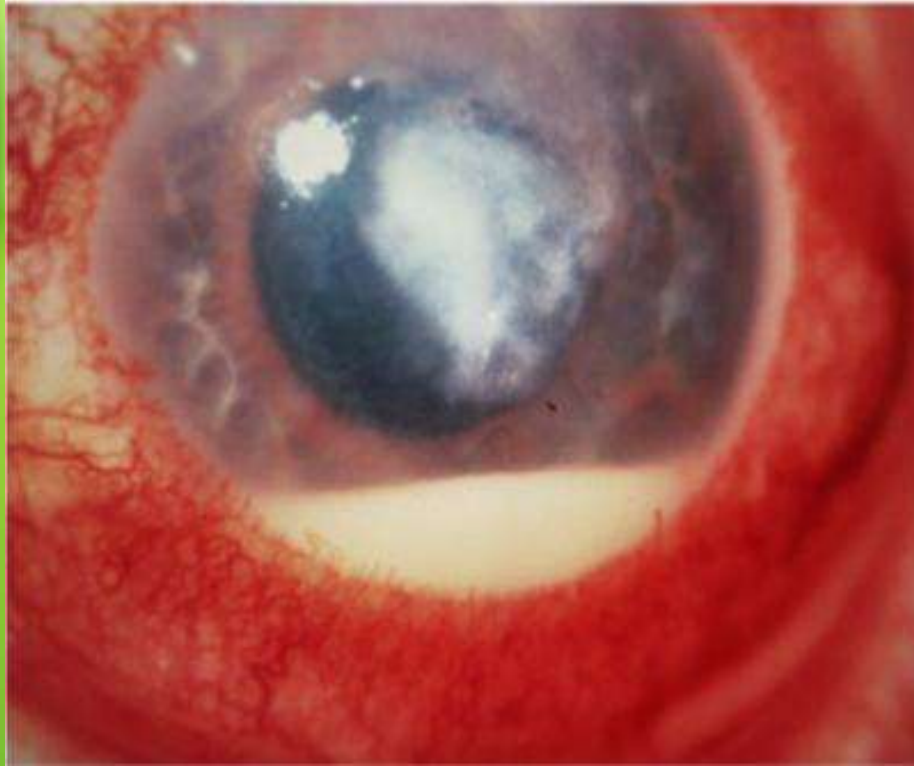
(12) Regarding this patient, all is true except:

- A) Severe pain is encountered.
- B) Facial nerve palsy may be the cause.
- C) Lime trauma may be the cause.
- D) Only medical treatment is needed.
- E) A&D.
- F) B&D.
- G) A,B&D.



(13) Regarding the sign in the corneal periphery, all is true except:

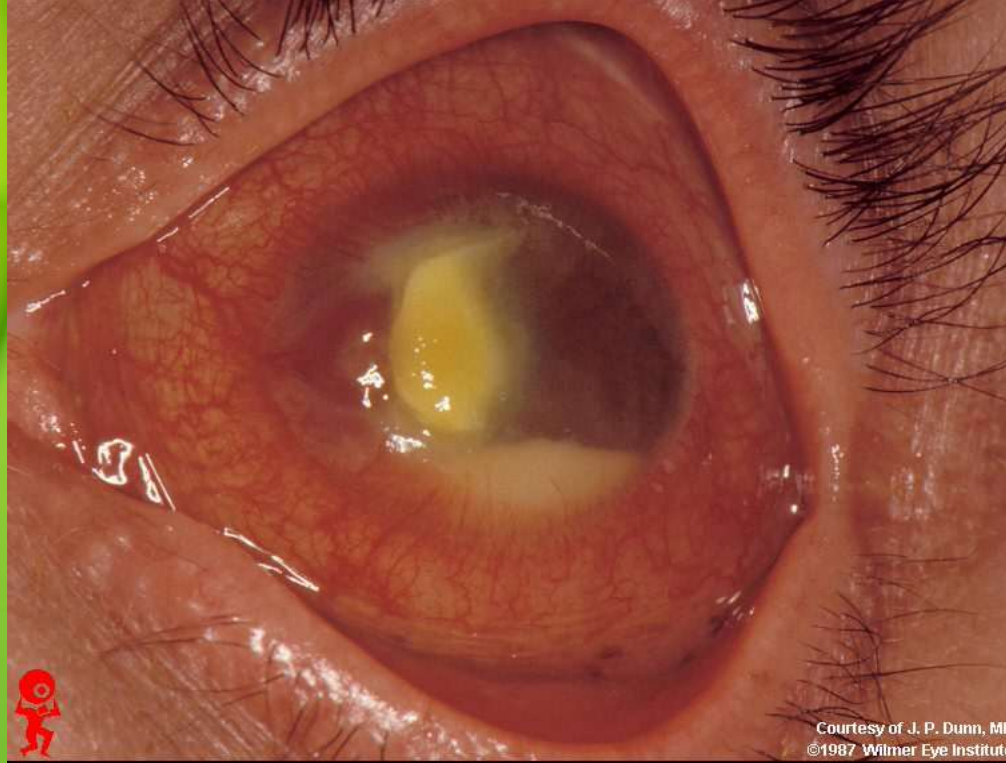
- A) Common in twenties.
- B) Composed mainly of lipids.
- C) Visual acuity is markedly affected.
- D) Pannus is a differential diagnosis.
- E) A & D.
- F) A & C.



(14) In this patient, all is true except:

- A) Pneumococci can give this typical appearance.
- B) Severe pain is characteristic.
- C) Classically treated at home.
- D) Conjunctival injection is the rule.
- E) B&C.
- F) C&D.





(15) As regards this patient, all is true except:

- A) Surgical A.Ch. evacuation is the main treatment.
- B) Microbiological study is a must.
- C) Hospital admission is important.
- D) There is typical ciliary injection.
- E) Atropine sulphate is required for treatment.



(16) Which drug would could be incriminated for the progression of the corneal lesion from the form on the left to the form on the right side:

- A) Ofloxacin.
- B) Azithromycin.
- C) Diclofenac sodium.
- D) Griseofulvin.
- E) Dexamethazone.
- F) Timolol maleate.



**(27) The lesion in the upper cornea is termed:**

- A) An active pannus.**
- B) Arcus senilis.**
- C) Tranta spots.**
- D) Bitot spots.**
- E) A fascicular ulcer.**

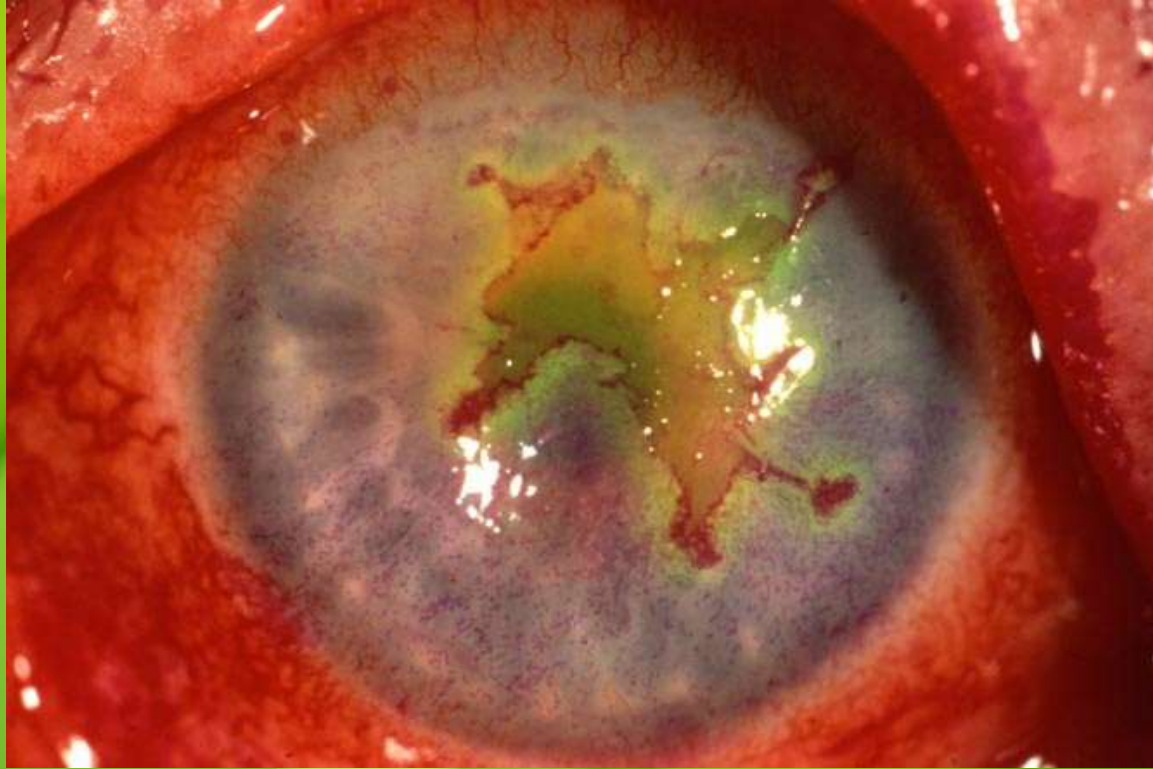




(17) Concerning this corneal lesion, all is true except:

- A) Is associated with corneal hyperesthesia.
- B) Typically superficial.
- C) Vidarabine is a helpful drug.
- D) Acyclovir is a helpful drug.
- E) Betamethasone has a harmful effect.





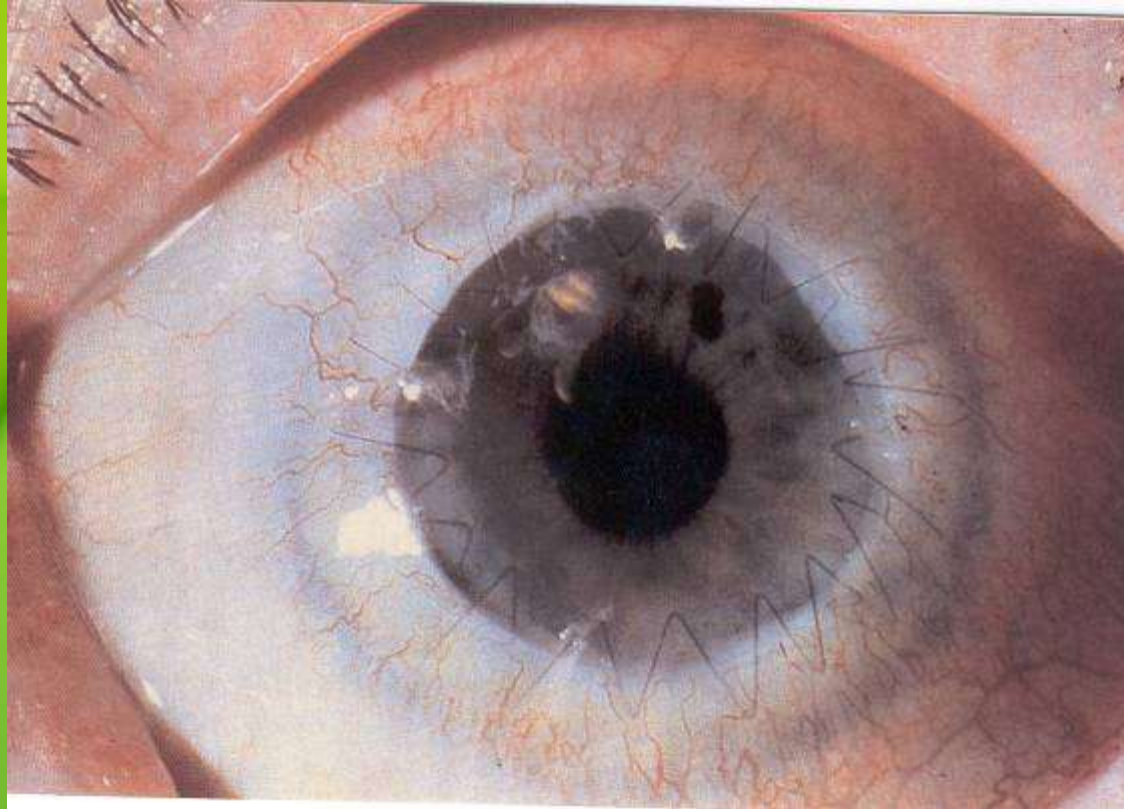
**(18) This corneal ulcer is stained with:**

- A) Fluorescein sodium.**
- B) Rose bengal.**
- C) Double stain with fluorescein & rose bengal.**
- D) Geimsa stain.**
- E) Gram stain.**



(19) The drug that caused this ulcer to progress would be:

- A) betamethasone.
- B) Neomycin.
- C) Acyclovir.
- D) Fluconazole.
- E) Ciprofloxacin.



**(20) Surgery performed for this patient is:**

- A) Glaucoma filtering surgery.**
- B) Penetrating keratoplasty (PK).**
- C) Conjunctival autografting.**
- D) Pterygium excision with bare sclera technique.**
- E) No surgery at all.**





(22) This corneal lesion may not be treated by :

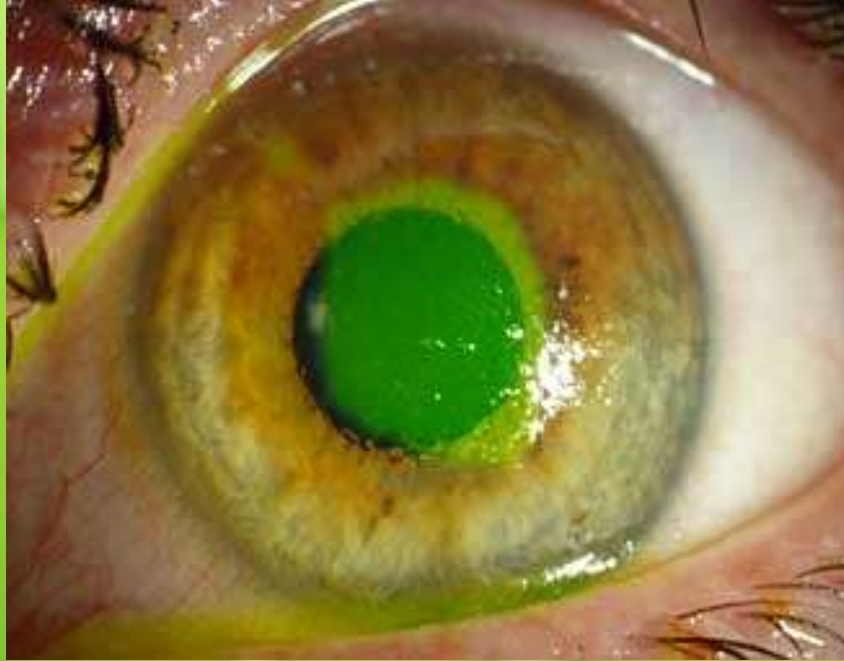
- A) Prednisolone acetate.
- B) Ciprofloxacin.
- C) Acyclovir.
- D) Valacyclovir.
- E) Debridement.
- F) A & D.
- G) A & B.





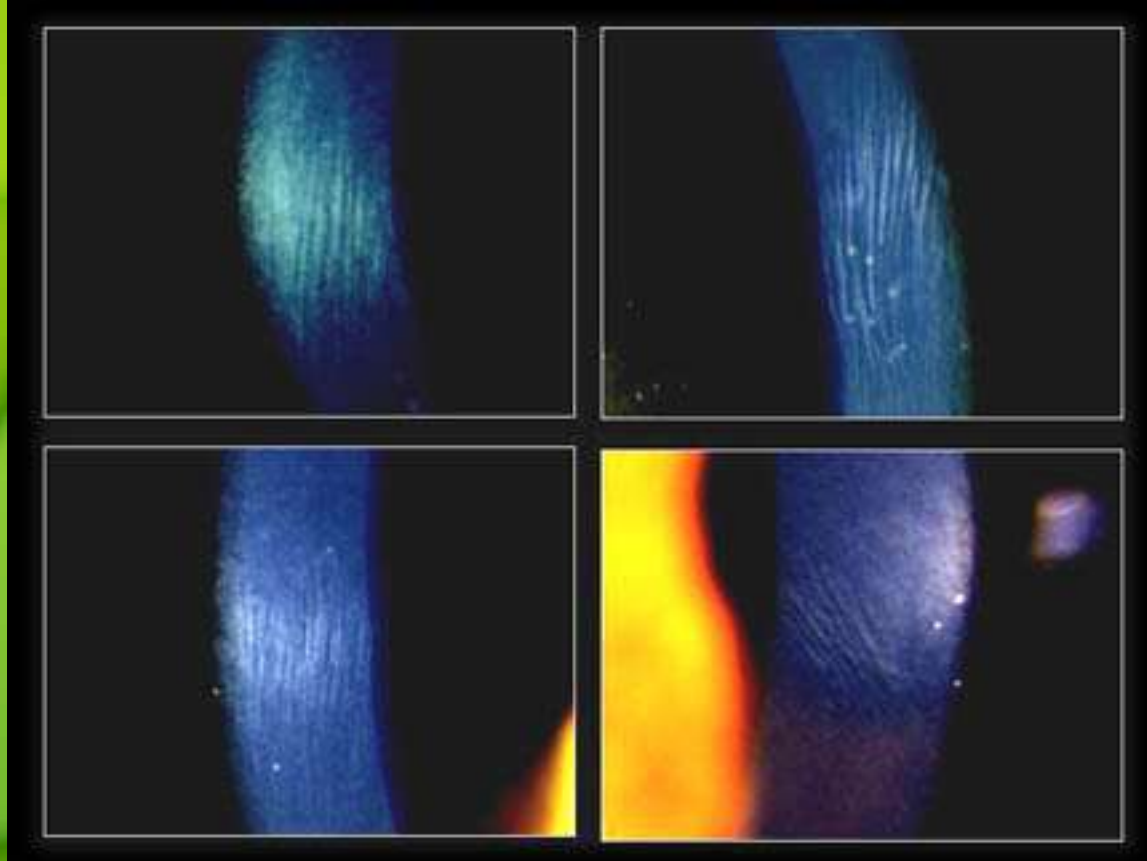
**(24) Which is untrue concerning this patient?**

- A) Has a deep anterior chamber.**
- B) Gets increasing myopia & astigmatism.**
- C) The refractive error could be corrected with soft contact lenses.**
- D) May require corneal surgery.**
- E) Can get sudden corneal edema.**



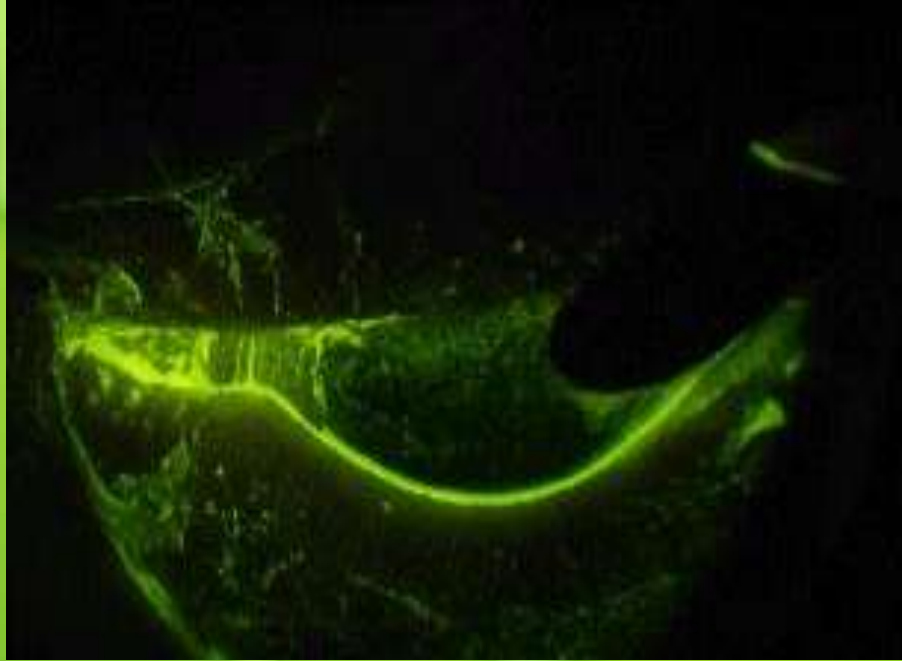
(25) The material used for staining this epithelial defect is termed:

- A) Rose bengal.
- B) Fluorescein sodium.
- C) Hematoxylin.
- D) Eosin.
- E) Giemsa stain.



(26) These corneal striations are termed:

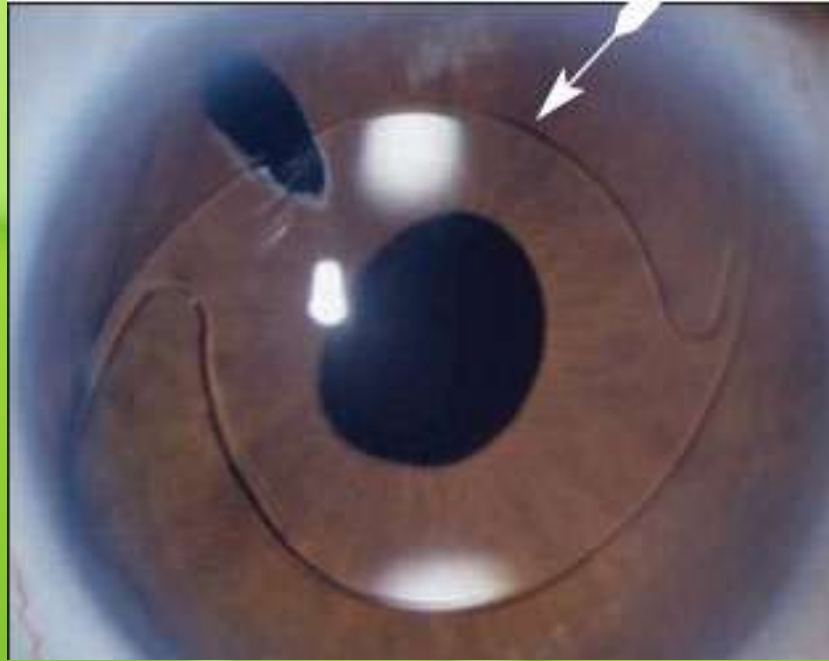
- A) Haab striae.
- B) Vogt striae.
- C) Striate keratopathy.
- D) Striae of ocular hypopyony.
- E) Striae gravidarum.



(28) This lady has undergone an ocular trauma by a knife. Her physician put a fluorescein drop on the external ocular surface and exerted a gentle pressure on the globe. This test is termed:

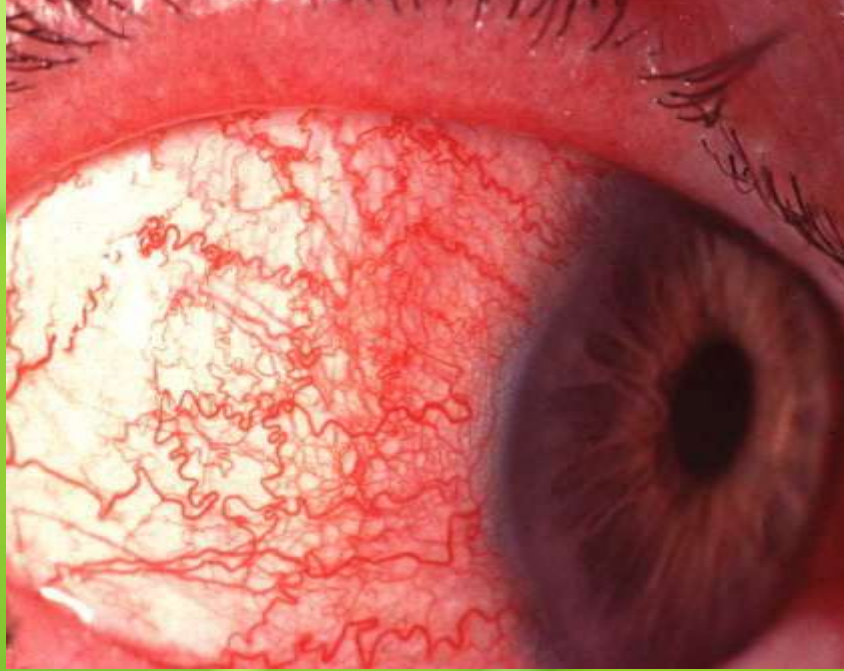
- A) Jones dye test.
- B) Seidel test.
- C) Rose bengal test.
- D) Schirmer test.
- E) Fluorescein test.





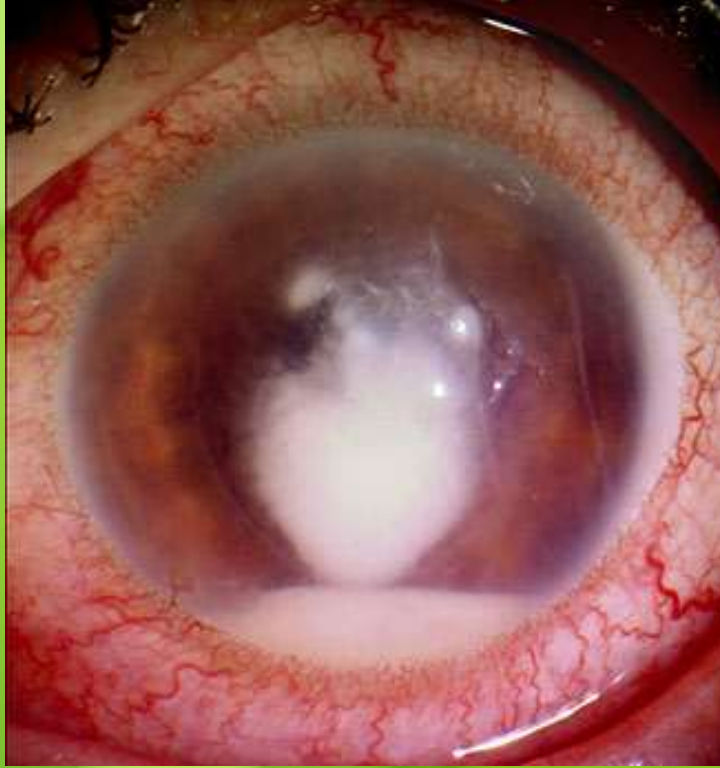
(11) Concerning the crystalline lens, this man is:

- A) Aphakic.
- B) Phakic & the lens is in place.
- C) Has PC-IOL.
- D) Has AC-IOL.**
- E) The lens is anteriorly dislocated.



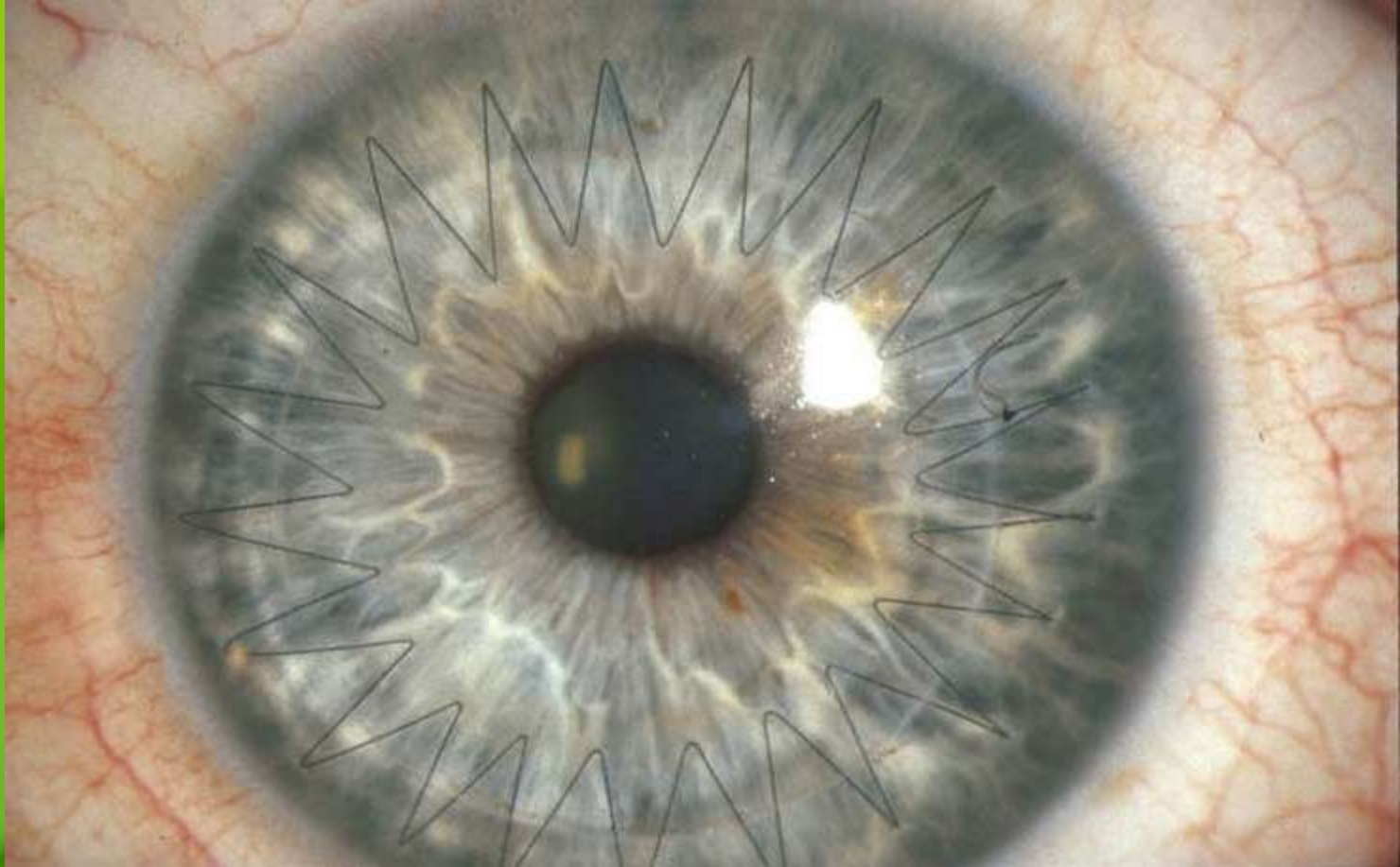
(2) This patient has:

- A) Ciliary injection.**
- B) Conjunctival injection.**
- C) Limbal phlycten.**
- D) Pinguecula.**
- E) None of the above.**



(33) Which is untrue concerning this patient?

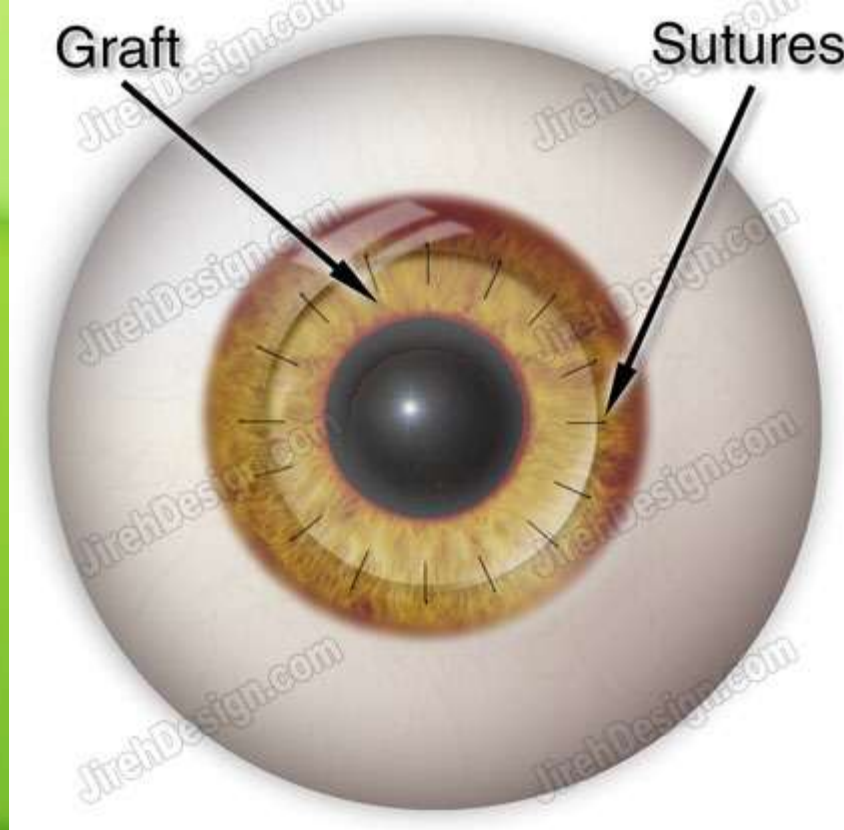
- A) Severe pain & photophobia are typical.
- B) Conjunctival injection is evident.
- C) Hyphema is characteristic.
- D) 2ry glaucoma is expected.
- E) Pilocarpine is the ideal antiglaucoma drug.
- F) B, C & E.
- G) B, C & D.



**(31) This type of surgery may be used to treat all except.**

- A) Intractable corneal ulcers.**
- B) Corneal opacities.**
- C) Keratoconus.**
- D) Descemetocelles.**
- E) Uncomplicated phlyctenular keratoconjunctivitis.**





(34) The operation illustrated is indicated in treating:

- A) Primary angle closure glaucoma (PACG).
- B) Diffuse central corneal opacities.
- C) Hypermature senile cataract.
- D) Macular hole.
- E) Blood staining of the cornea.
- F) B & E.



(38) Concerning the corneal thickness, this ♀ has:

- A) A normal thickness all through.
- B) A corneal thinning all through.
- C) A corneal thickening all through.
- D) A peripheral corneal thinning.
- E) A peripheral corneal thickening.



(39) This lady has a:

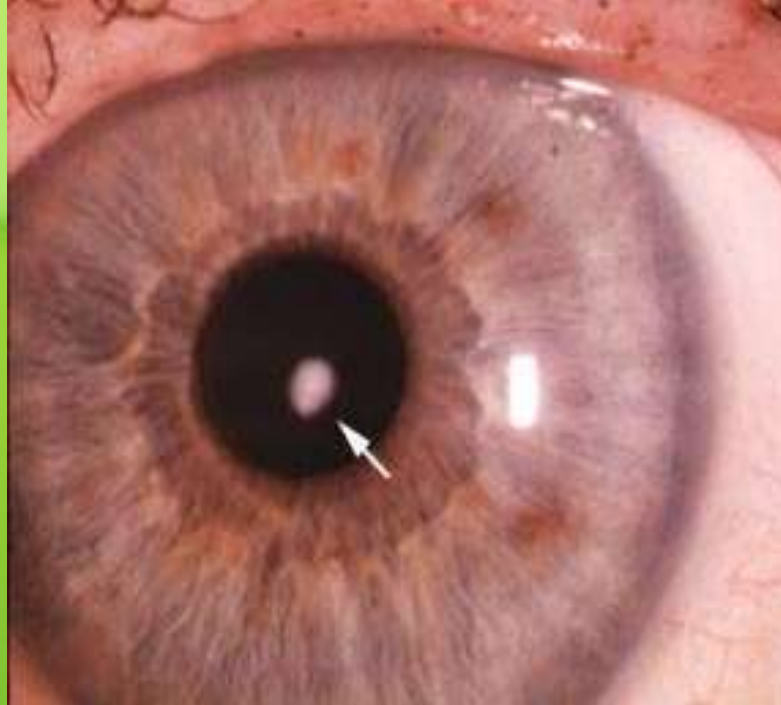
- A) Thinned highly curved cornea.
- B) Normal corneal thickness & curvature.
- C) Thickened flat cornea.
- D) Cornea with normal thickness & ↑ curvature.
- E) Thickened cornea with normal curvature.



**(41) This pigmented corneal ring is typical in:**

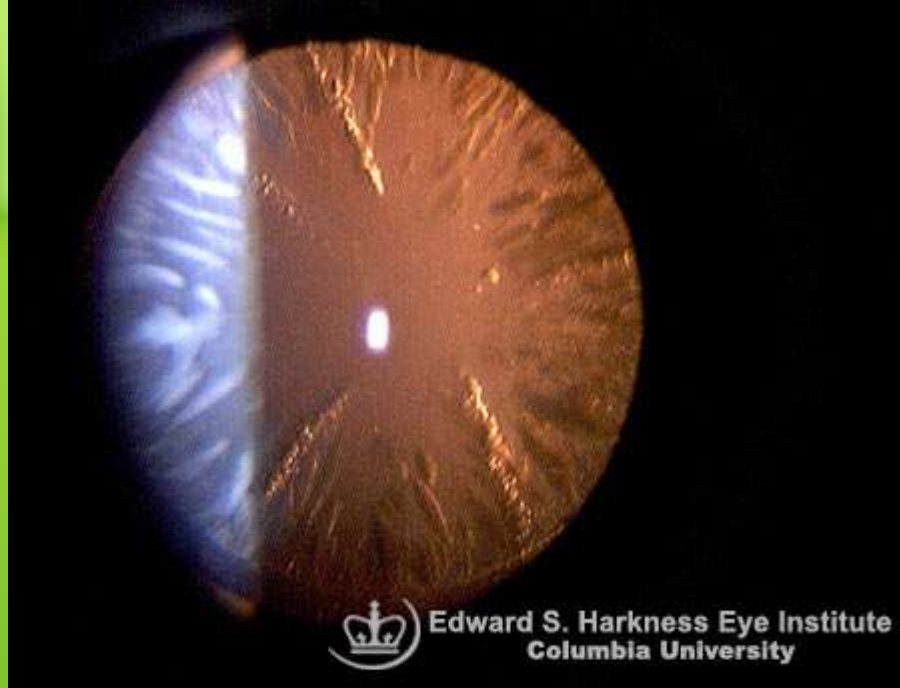
- A) Pterygium.**
- B) Filtering glaucoma blebs.**
- C) Senile nuclear cataract.**
- D) Senile cortical cataract.**
- E) Keratoconus.**





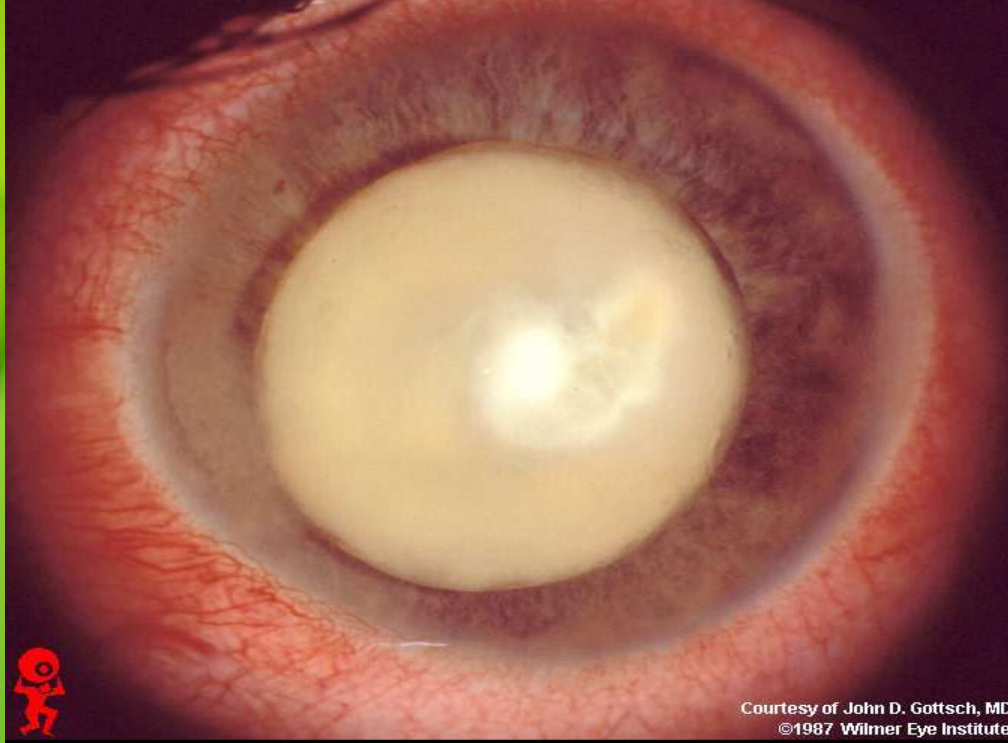
(1) The provisional diagnosis is:

- A) Posterior polar cataract.
- B) Anterior polar cataract.**
- C) Lamellar cataract.
- D) Sutural cataract.
- E) Coronary cataract.



**(3) The lenticular lesion is typical of:**

- A) Senile cortical cataract.**
- B) Senile nuclear cataract.**
- C) Hypermature senile cataract.**
- D) Mature senile cataract.**
- E) Incipient cataract.**



(4) As concerns this woman, all is true except:

- A) Has glaucoma inversus.
- B) Ciliary injection is due to acute IOP elevation.
- C) Pilocarpine has a definite IOP lowering effect.**
- D) The lens is opaque & anteriorly dislocated.
- E) To treat glaucoma, the lens should be extracted.



**(5) This lenticular lesion represents:**

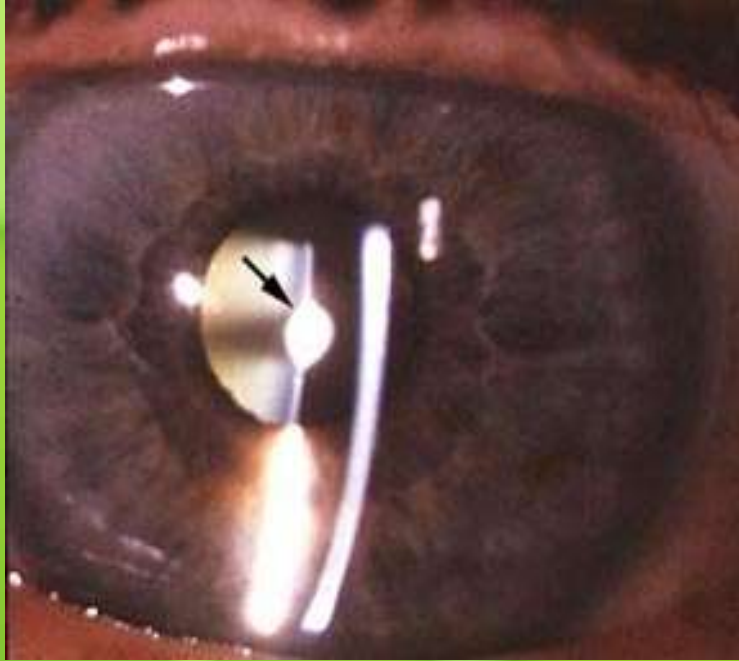
- A) Typical zonular cataract with riders.**
- B) Coronary cataract.**
- C) Anterior polar cataract.**
- D) Posterior polar cataract.**
- E) Pyramidal cataract.**





(6) This lady has:

- A) A clear crystalline lens.
- B) An anteriorly dislocated lens.
- C) A posterior chamber IOL.
- D) An anterior chamber IOL.
- E) A posteriorly dislocated lens.



(7) All is true regarding this boy except:

- A) Has marked visual deterioration.
- B) The opacity is near to the nodal point.
- C) An acquired form of this opacity is well-known.
- D) Doesn't require surgery in many cases.
- E) A&C.
- F) A&B.**



(10) The crystalline lens is:

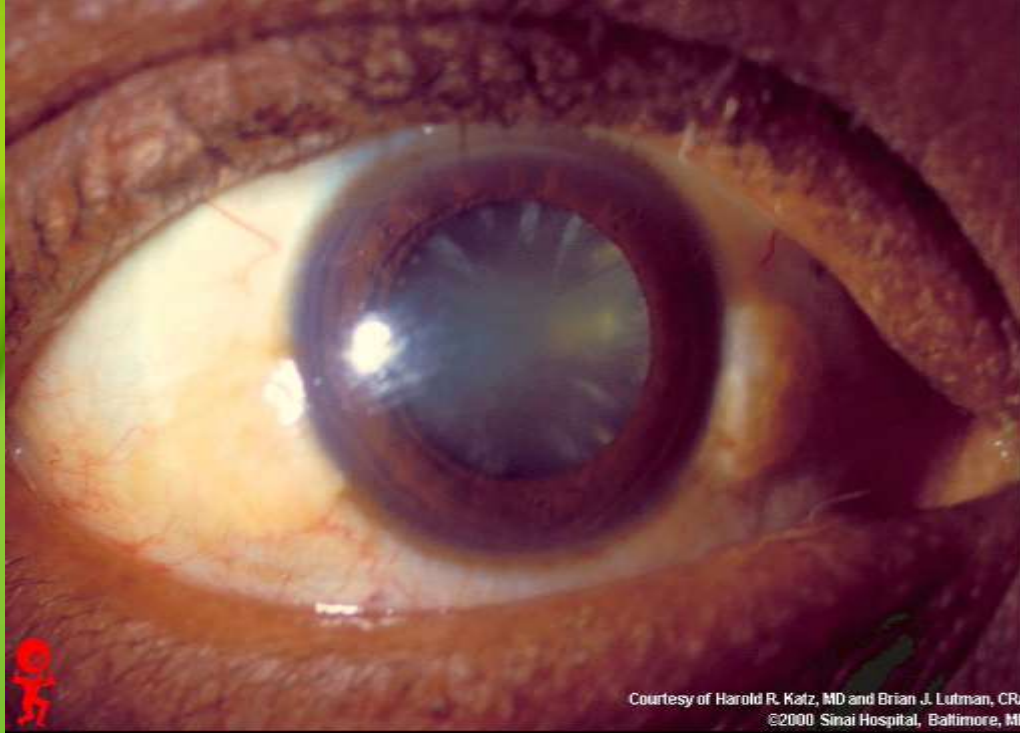
- A) Clear & in place.
- B) Clear & posteriorly dislocated.
- C) Clear & anteriorly dislocated.
- D) Opaque & in place.
- E) Opaque & posteriorly dislocated.**
- F) Opaque & anteriorly dislocated.



(3) The following may be found in this patient except:

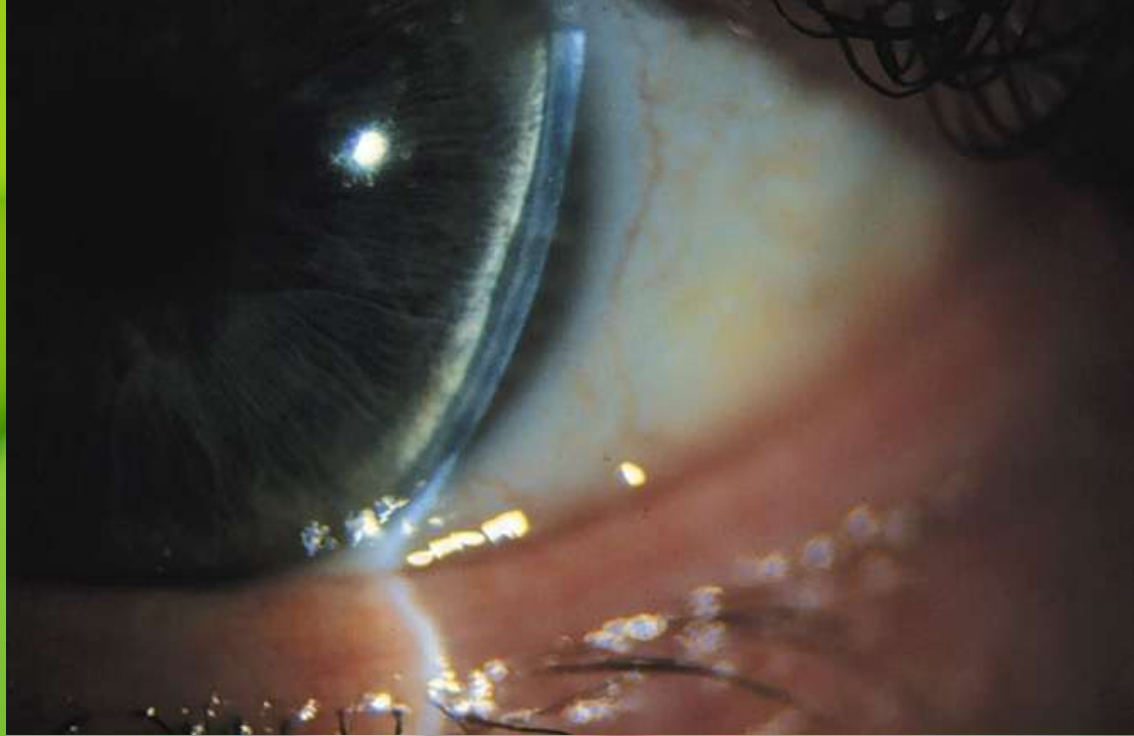
- A) Chemosis.
- B) Copious discharge.
- C) Limbal gutter formation.
- D) Haloes around light.
- E) 2ry glaucoma





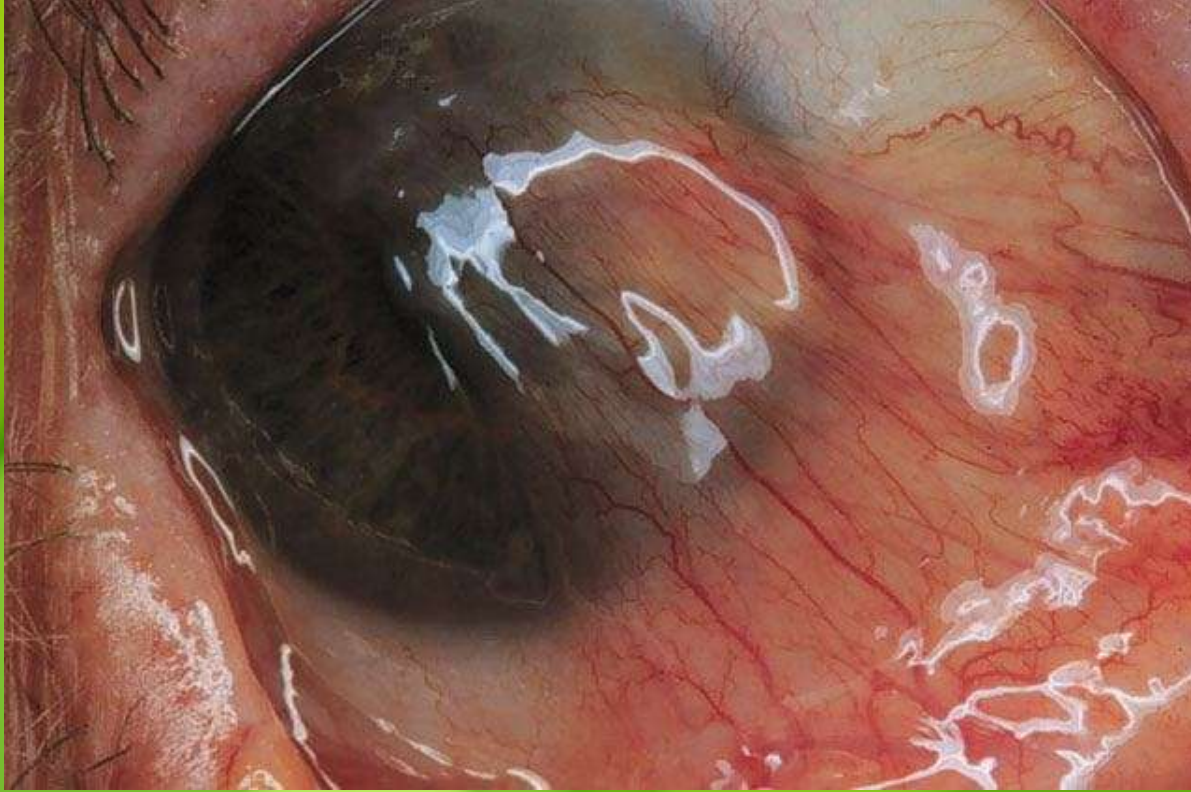
(8) This old lady has all of the following except:

- A) Senile cortical cataract.
- B) Pigueculae.
- C) Entropion.
- D) Trichiasis.
- E) C&D.
- F) A&D.



**(25) This anterior chamber depth is considered:**

- A) Shallow.**
- B) Deep.**
- C) Irregular.**
- D) Normal.**
- E) Difficult to determine.**



**(28) This conjunctival lesion is termed:**

- A) Pterygium.**
- B) Pinguecula.**
- C) Epibulbar dermoid.**
- D) Bitot's spot.**
- E) Phylcten.**



(12) As regards the crystalline lens:

- A) The lens is clear & in place.
- B) The lens is opaque & in place.
- C) The lens is clear & anteriorly dislocated.
- D) The lens is clear & posteriorly dislocated.
- E) The lens is opaque & posteriorly dislocated.**





(13) The crystalline lens is :

- A) Subluxated & cataractous.**
- B) Anteriorly dislocated & cataractous.**
- C) Clear & in place.**
- D) Opaque & in place.**
- E) None of the above.**



(7) The conjunctival lesions in this patient are termed:

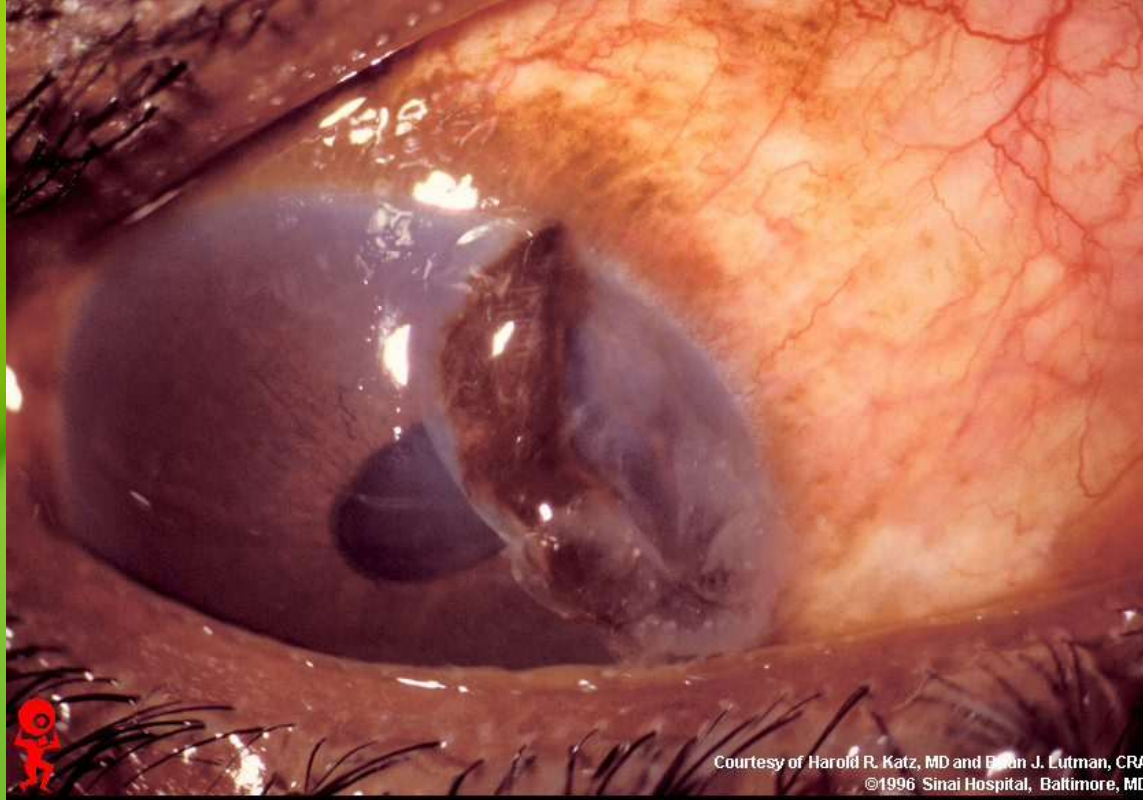
- A) Phlyctens.
- B) Tranta spots.
- C) Pingueculae.**
- D) Trachomatous pannus.
- E) Leprotic pannus.
- F) Arcus senilis.



**(15) This 65 years old man has:**

- A) Advanced nuclear cataract.**
- B) Advanced cortical cataract.**
- C) Hypermature senile cataract.**
- D) Mature senile cataract.**
- E) Completely clear lens.**

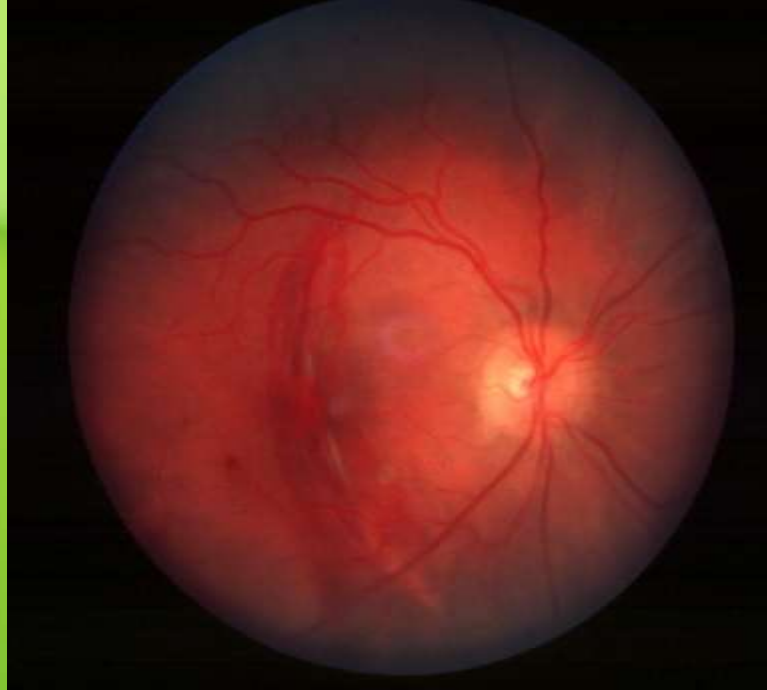




**(9) The management of this man would include all except:**

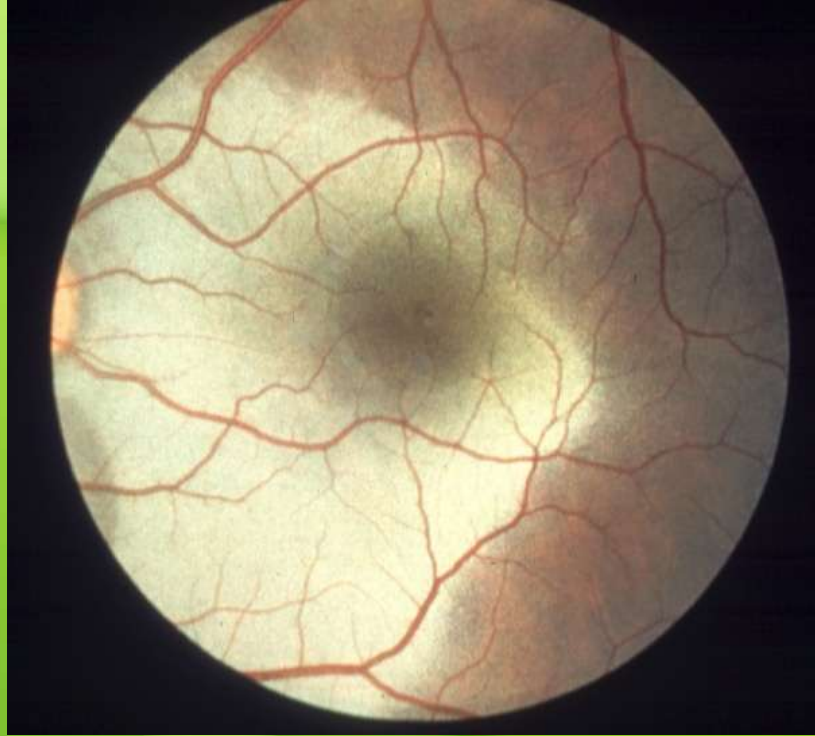
- A) Repositing the iris in recent cases.**
- B) Excising the iris in neglected cases.**
- C) Meticulous corneal repair.**
- D) Peritomy & scleral exploration.**
- E) Evisceration.**





(10) This boy sustained a severe tennis ball ocular trauma. Which is wrong ?

- A) Visual acuity is unaffected.
- B) After a few weeks, the lesion changes to a white color.
- C) The primary lesion is retinal.
- D) The lesion is semilunar & concentric with the optic disc.
- E) A & B.
- F) A & C.
- G) A & D.



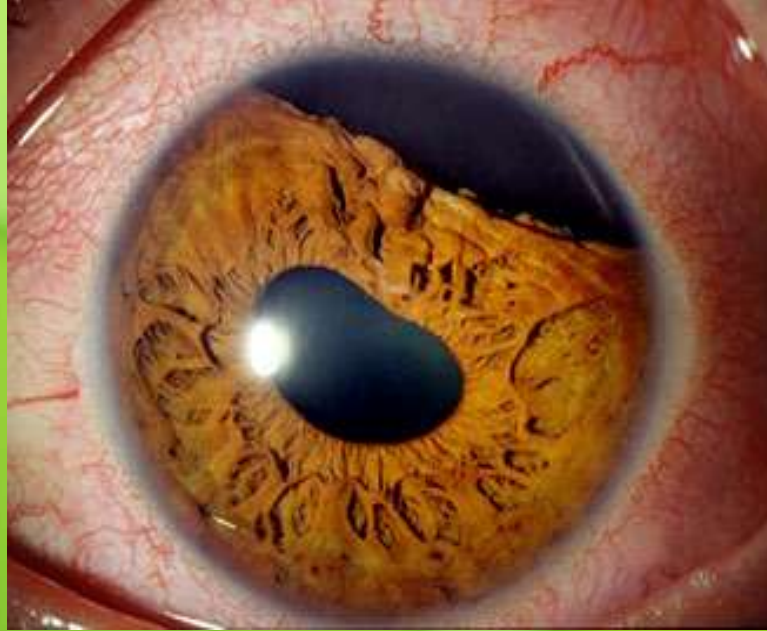
(11) This boy sustained a severe hockey stick trauma. Which is false?

- A) Visual acuity is usually unchanged.
- B) Needs no specific treatment.
- C) May be associated with peripheral retinal breaks.
- D) May be associated with iridodialysis.
- E) The condition is termed choroidal rupture.**



(13) Which is correct as concerns this 24 years old man?

- A) Traumatic macular hole may be associated.
- B) This is v-shaped lesion involving the pupillary sphincter.
- C) Zonular integrity may be questioned.
- D) A trauma by a fist could be the cause.
- E) All of the above.**
- F) None of the above.



**(14) Concerning this anterior segment finding, which is untrue?**

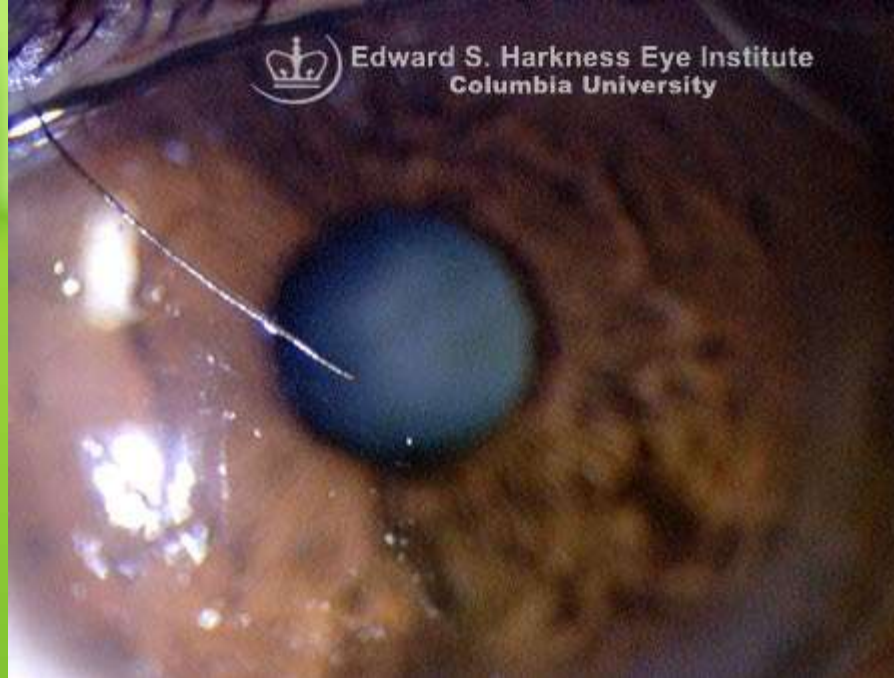
- A) Penetrating trauma is the cause.**
- B) Uniocular diplopia is typical.**
- C) Surgical repair is mandatory.**
- D) The ciliary border of the iris is torn.**
- E) A & B.**
- F) B & D.**





(1) This man has:

- A) Four lid entropion.
- B) Four lid ectropion.
- C) Four lid trichiasis.
- D) Four lid rubbing lashes.
- E) Lagophthalmos.
- F) A&E.
- G) B&E.**



(3) The upper eyelid has:

- A) Trichiasis.
- B) Entropion.
- C) A rubbing lash.**
- D) Ectropion.
- F) Madarosis.
- G) None of the above.



(4) The lower eyelid exhibits:

A) Trichiasis.

**B) Entropion.**

C) Ectropion.

D) Rubbing lashes.

F) Coloboma.





(5) This young boy suffers from:

- A) Hutchinson triad.
- B) Foester-Kennedy syndrome.
- C) Marcus-Gunn pupil.
- D) Marcus-Gunn phenomenon.
- E) Argyll-Robertson pupil.
- F) None of the above.





(6) As concerns this young girl, all is true except:

- A) Surgery is needed by 6 years of age.
- B) Right marginal reflex distance has a negative value.
- C) Muller muscle resection would correct this abnormality.
- D) The abnormality lies in the medial & lateral palpebral ligaments.
- E) A&C.
- F) A&B&C.
- G) A&C&D.



(7) As regards this man, which is untrue?

- A) Severe photophobia & blepharospasm are expected.
- B) Lateral tarsorrhaphy may be of help.
- C) Corneal vascularization would be reversible.
- D) The lower lid condition could be medically reversed.
- E) B&C.
- F) B,C&D.



**(8) Concerning this man, all is true except:**

- A) Infection principally involves the tarsal glands.**
- B) Commonly caused by pneumococci.**
- C) Hot fomentation is beneficial**
- D) Acyclovir is needed for treatment.**
- E) A&B.**
- F) A,B&D.**



(9) This man had a history of painless swelling for 6 months. Acutely, he developed severe pain, tenderness, edema & erythema. The provisional diagnosis is:

- A) Hordeolum externum.
- B) Hordeolum internum.**
- C) Molluscum contagiosum.
- D) Meibomian adenocarcinoma.
- E) Ulcerative blepharitis.





**(10) The provisional diagnosis is:**

- A) Hutchinson triad.**
- B) Marcus-Gunn pupil.**
- C) Marcus-Gunn phenomenon.**
- D) Foester-Kennedy syndrome.**
- E) None of the above.**



(32) Regarding this hyperemia, all is true except:

- A) The underlying etiology is acute iridocyclitis.
- B) Could be abolished by atropine.
- C) A conjunctival discharge is present at some time.
- D) The problem is a conjunctival inflammation.
- E) A & B.



(11) All is true about this lesion except:

- A) It arises from the tarsal glands.
- B) Is considered a chronic specific inflammation.
- C) Visual acuity is not affected.
- D) Biopsy is needed in every case.
- E) B,C&D.**
- F) B& C.
- G) D.





(12) The causative agent of this lesion is:

- A) *Leishmania tropica*.
- B) *Chlamydia trachomatis*.
- C) *Pediculus capitis*.**
- D) *Morax-Axenfeld diplobacilli*.
- E) *Enterococci*.





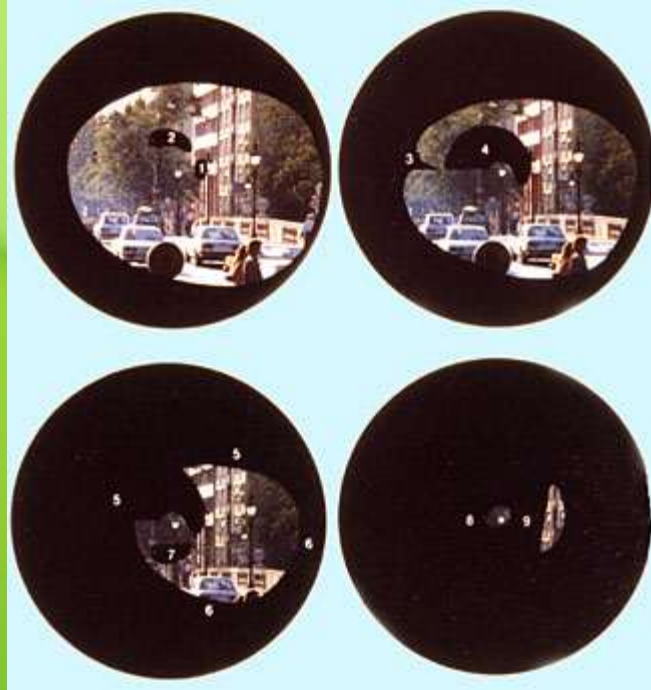
(26) This man typically presents with:

- A) Disfigurement.
- B) Uniocular diplopia.
- C) Binocular diplopia on looking down.
- D) Binocular diplopia on looking up.
- E) Diminution of vision.
- F) A & D.
- G) A & C.
- H) A & E.



(13) The upper lid margin has:

- A) Madarosis.**
- B) Lagophthalmos.**
- C) Chemosis.**
- D) Trichiasis.**
- E) Ectropion.**



(26) These are the typical field changes of:

- A) 1ry open angle glaucoma.
- B) Optic neuritis.
- C) Rhegmatogenous retinal detachment.
- D) Central retinal artery occlusion.
- E) Branch retinal artery occlusion.



**(35) This technique is helpful for testing:**

- A) Corneal thickness.**
- B) Corneal sensation.**
- C) Corneal diameter.**
- D) Corneal clarity.**
- E) Corneal curvature.**





(14) Concerning this patient, all is true except:

- A) May be caused by a caustic.
- B) Penetrating trauma may be the cause.
- C) Corneal ulcer is a possible presentation.
- D) Skin grafts are never needed for treatment.**
- F) Previous surgery may be the cause.



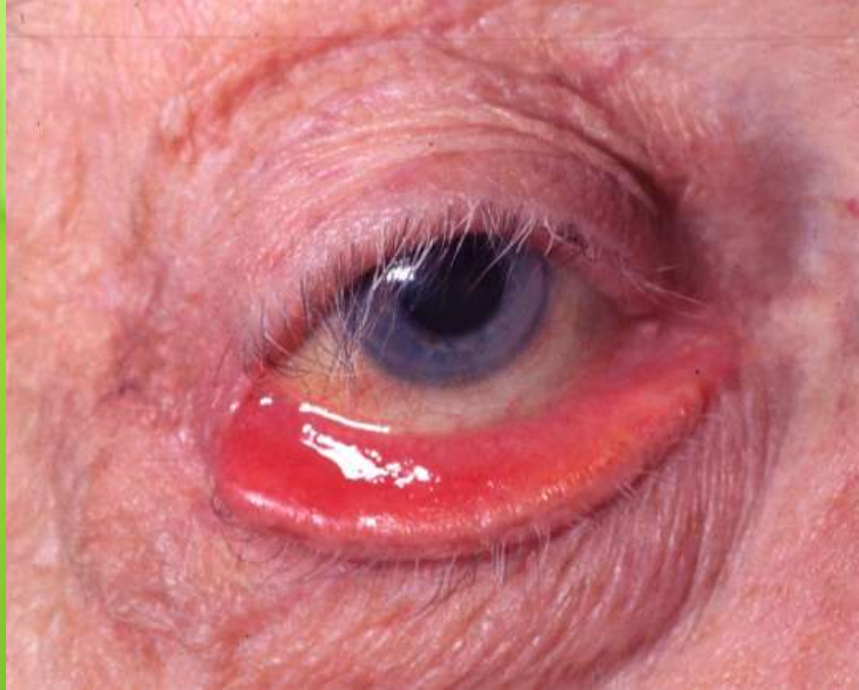
(15) In this young boy, the most likely organism is:

- A) Staph. aureus.
- B) Herpes simplex.**
- C) Herpes zoster.
- D) Phthirus pubis.
- E) Pneumococci.



(16) This old man needs:

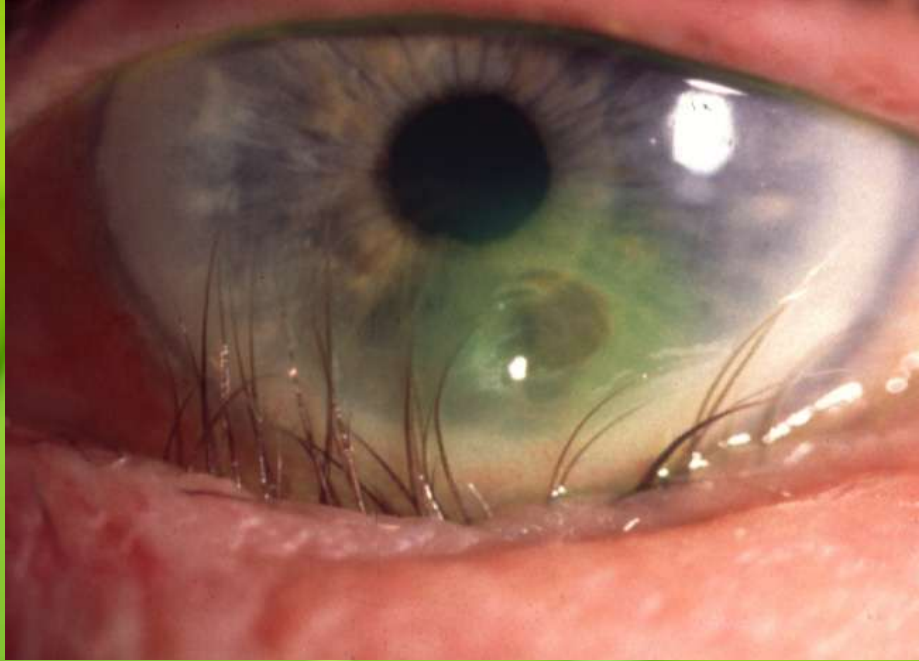
- A) Analgesics for pain.
- B) Acyclovir tablets.
- C) Acyclovir eye ointment.
- D) Ofloxacin eye drops.
- E) C&D.
- F) B&C.
- G) A,B&C.**



(17) This old man is liable to all except:

- A) Itching.
- B) of tears on the cheek.
- C) Spastic entropion.
- D) Upper corneal ulcer.
- E) Lower corneal ulcer.
- F) A&D.
- G) C&D.





(19) Regarding this patient, all is true except:

- A) Severe pain is encountered.
- B) Facial nerve palsy may be the cause.
- C) Lime trauma may be the cause.
- D) Only medical treatment is needed.
- E) A&D.
- F) B&D.
- G) A,B&D.



(16) This man has:

- A) Lamellar cataract.
- B) Posterior polar cataract.
- C) Anterior polar cataract.
- D) Brown cataract.**
- E) Hypermature senile cataract.



(17) The mother of this 6 months old girl noticed something white in the pupillary area. The most probable diagnosis is:

- A) Posterior polar cataract.
- B) Pyramidal cataract.**
- C) Lamellar (zonular) cataract.
- D) Coronary cataract.
- E) None of the above.



**(18) This type of lenticular opacification is termed:**

- A) Anterior polar.**
- B) Congenital nuclear.**
- C) Posterior polar.**
- D) Zonular.**
- E) Coronary.**
- F) None of the above.**

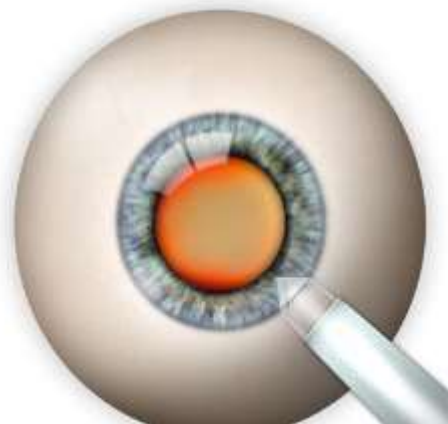




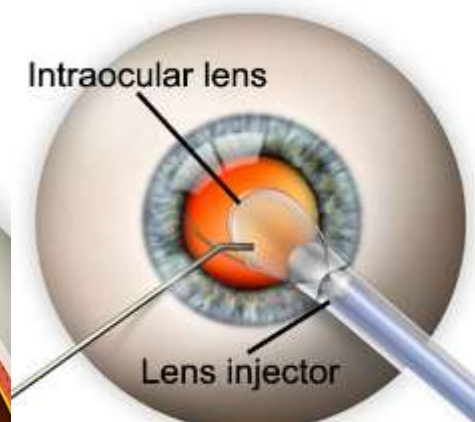
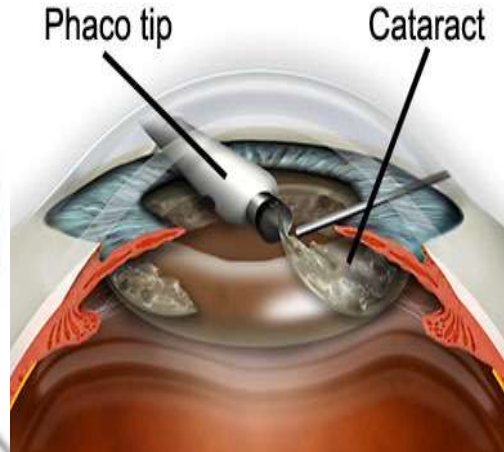
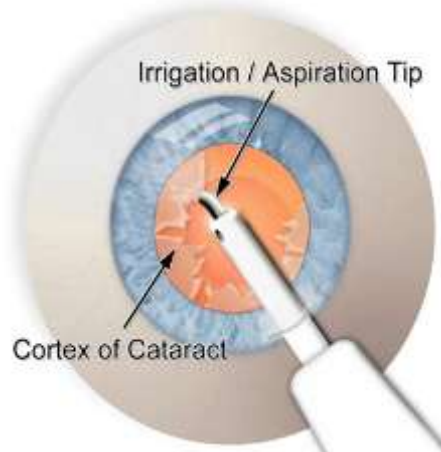
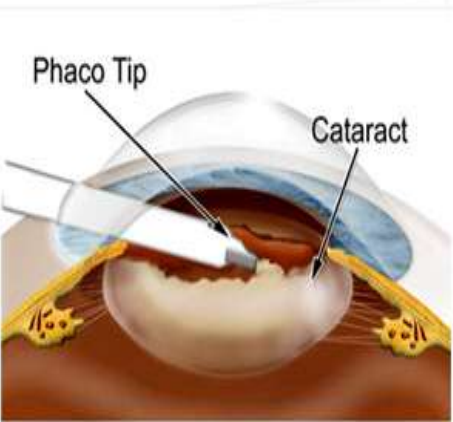
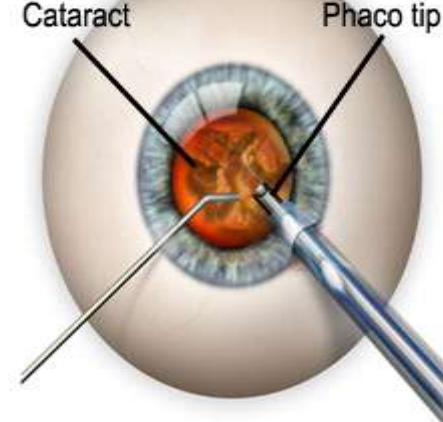
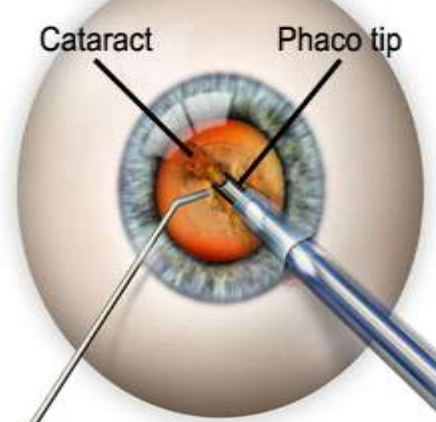
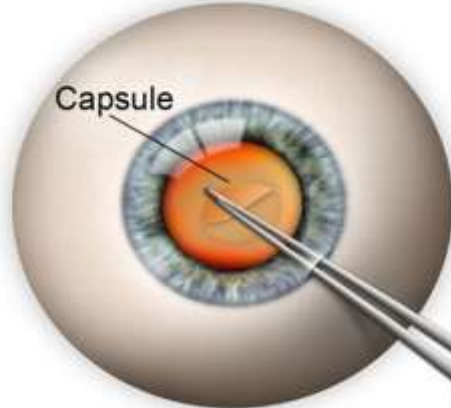
**(19) As concerns this lenticular opacification, which is correct?**

- A) Has no effect on V.A. as the opacities are peripheral.**
- B) Termed brown cataract.**
- C) Against the red reflex, the opacities appear as black triangles.**
- D) Can cause phacolytic glaucoma.**
- E) B&D.**

Phacoemulsification Cataract Surgery

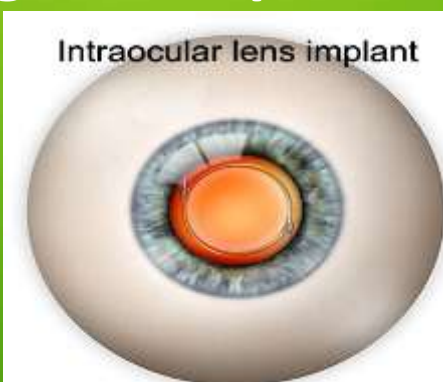


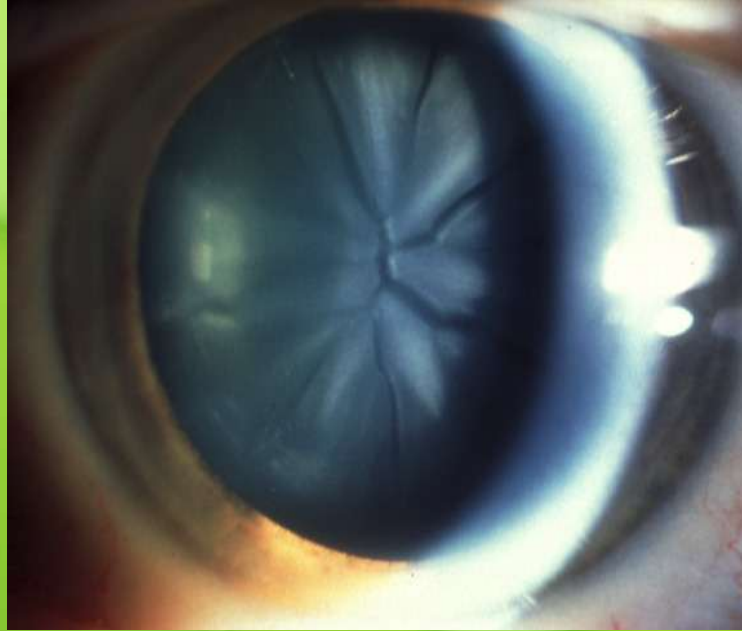
Capsulorhexis



(61) This operation has the following advantages except:

- A) Easy to master.
- B) Rapid visual rehabilitation.
- C) Small incision.
- D) No sutures.
- E) IOL in the bag (better centration).

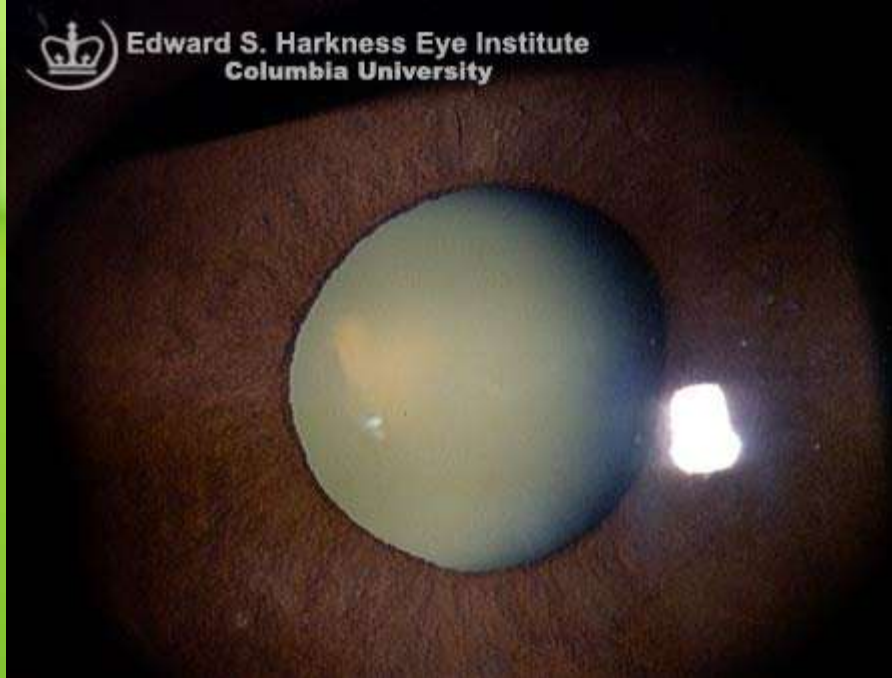




(20) This young boy sustained a tennis ball trauma to the eye. Which is correct?

- A) The prognosis can be affected with associated posterior segment pathologies.
- B) The lenticular lesion is termed rosette-shaped cataract.
- C) The posterior capsule may be open.
- D) Zonular dehiscence may be associated.
- E) All of the above.**





(14) The cataract in this man is mostly:

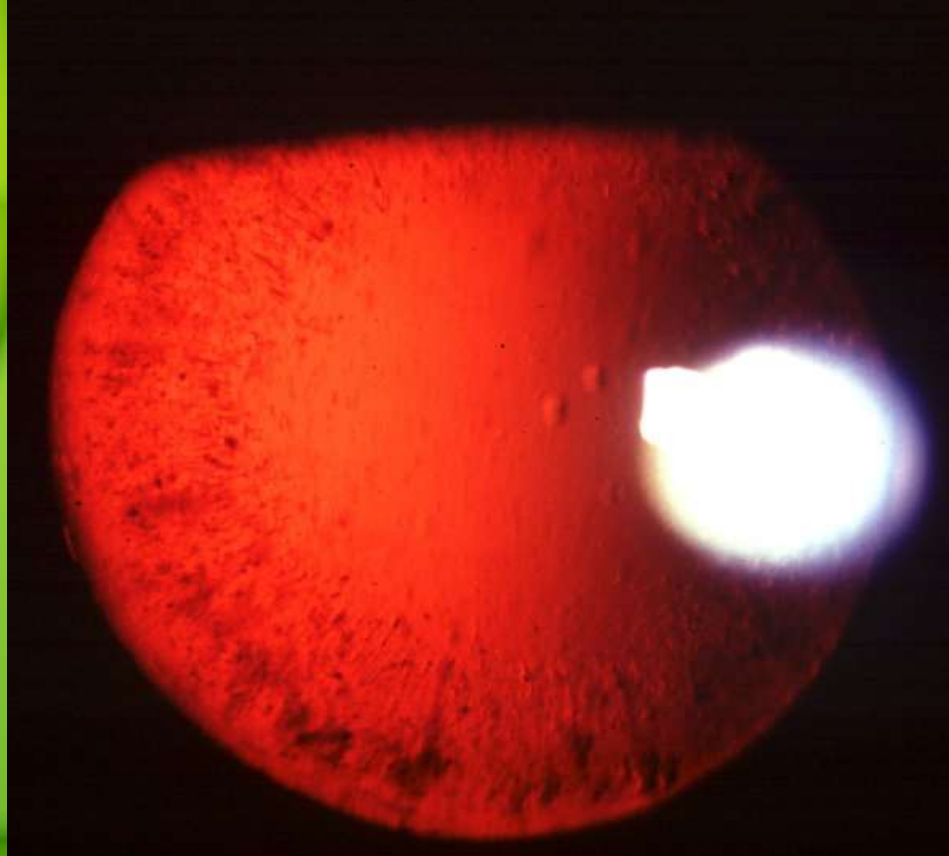
- A) Nuclear.
- B) Hypermature.
- C) Immature.**
- D) Anterior polar.
- E) Posterior polar.





(21) This young boy is liable to all except:

- A) Stimulus deprivation amblyopia.
- B) Hyperopia.
- C) buphthalmos.
- D) Strabismus.
- E) Diplopia
- F) B&E.
- G) B,C&E.



(22) The type of cataract in this 2 years old boy is termed:

- A) pyramidal.
- B) Anterior polar.
- C) Coronary.**
- D) Posterior polar.
- E) Zonular (lamellar)
- F) None of the above.



(23) This 1 year old girl has:

- A) Unilateral developmental cataract.
- B) Bilateral developmental cataract.
- C) Bilateral buphthalmos.
- D) Liable to nystagmus, amblyopia.
- E) B&C.
- F) B&D.**



(28) As concerns this lenticular opacification, which is incorrect?

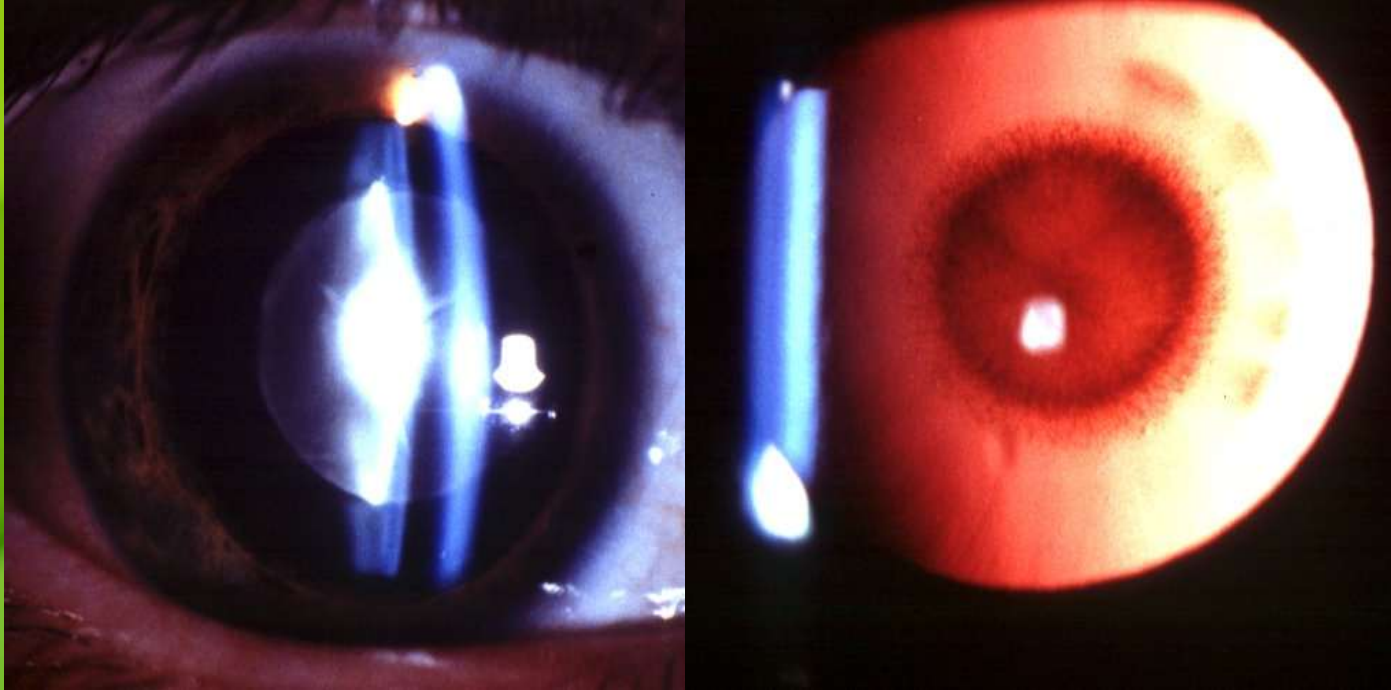
- A) Night vision is markedly disturbed.
- B) Progression is characteristically rapid.
- C) Near vision may improve in the early stages.
- D) The process is painful.
- E) A,B&C.
- F) A&B.
- G) A,B&D.**





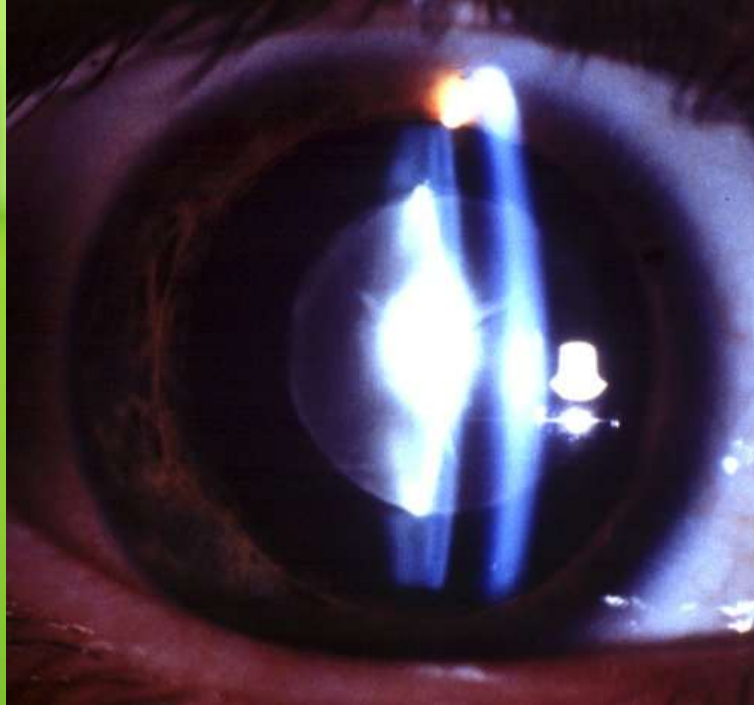
(24) This young lady is liable to have:

- A) Binocular diplopia.
- B) Amblyopia.
- C) Unilateral diplopia.**
- D) 2ry glaucoma.
- E) None of the above.



25) This boy has :

- A) A coronary cataract.
- B) A lamellar cataract.**
- C) An anterior polar cataract.
- D) A posterior polar cataract.
- E) A sutural cataract.



(26) A 3 years old boy had this lens opacity. Which is false?

- A) The opacification lies around the infantile nucleus.
- B) The mother usually has vitamin D deficiency.
- C) Radial extensions from the opacity are commonly encountered.
- D) Is a rare form of developmental cataract.
- E) Usually bilateral & symmetrical.
- F) A&D.
- G) A,D& E.



(70) This visual experience is typical in:

- A) Spring catarrh.
- B) Phlyctenular keratoconjunctivitis.
- C) Senile nuclear cataract.**
- D) Arcus senilis.
- E) Trachomatous pannus.





(67) This lady has undergone ECCE & PC-IOL implantation in the capsular bag. Six months later she complained of foggy vision. The laser therapy performed to improve her vision was:

- A) YAG laser iridotomy.
- B) YAG laser posterior capsulotomy.**
- C) Argon laser panretinal photocoagulation (PRP).
- D) Argon laser trabeculoplasty (ALT).
- E) LASIK (laser-assisted in situ keratomeiectomy).



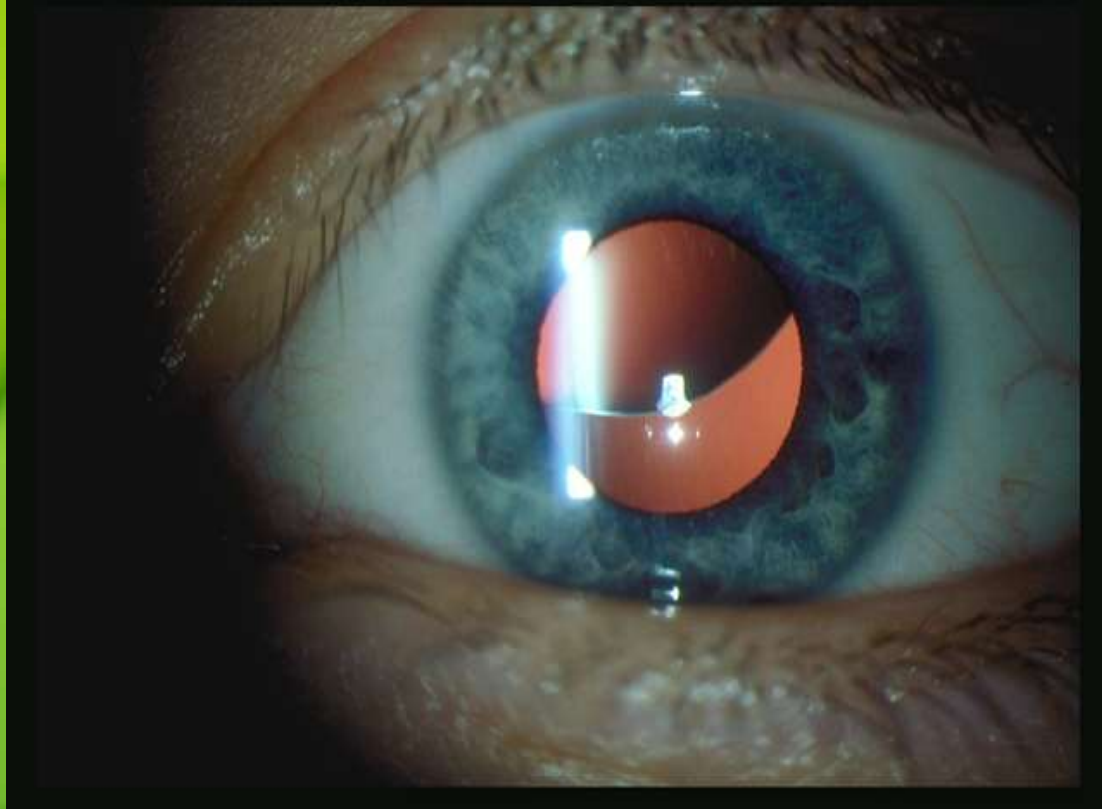
(29) Regarding this patient, which is false?

- A) The lens has a high osmotic pressure.
- B) The A.Ch. is deep.
- C) Liable to phacolytic glaucoma.
- D) The lower lid condition should be corrected prior to surgery.
- E) A&B.
- F) B&C.
- G) B,C&D.



(30) Concerning this lenticular opacification, all is true except:

- A) Day vision is minimally affected.
- B) May be steroid-induced.
- C) Surgical intervention is unneeded (small opacity).
- D) May occur with chronic uveitis.
- E) A&B.
- F) A&C.
- G) C&D.



**(31) The typical complaint in this patient would be:**

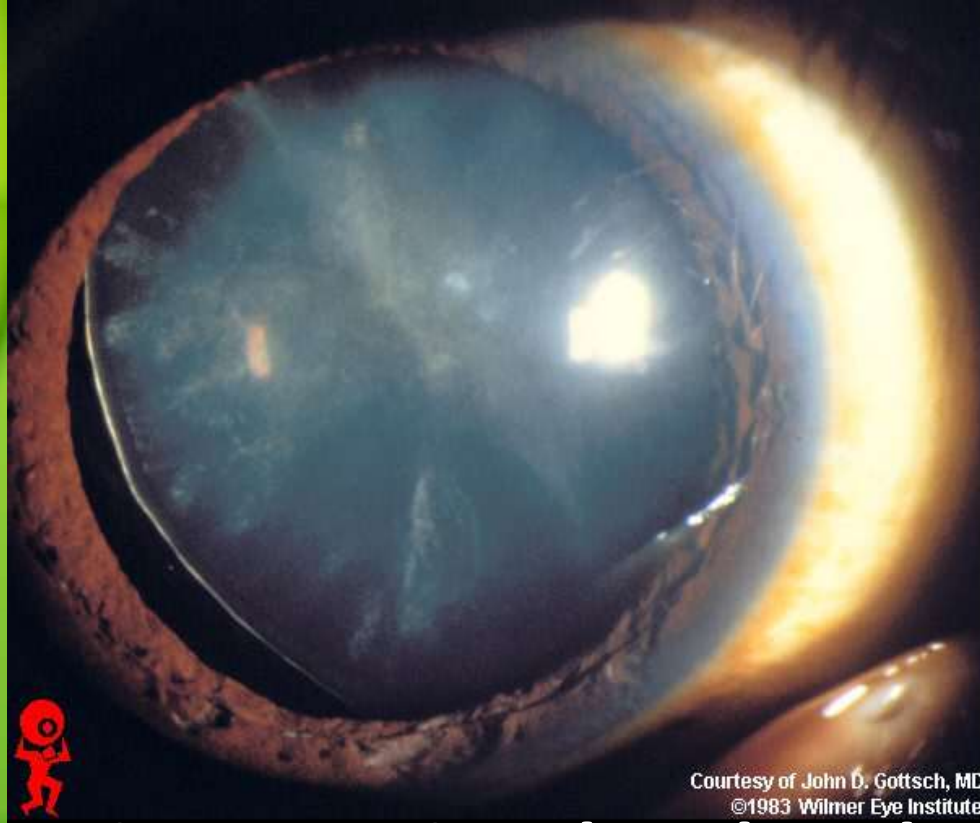
- A) Binocular diplopia.**
- B) Night blindness.**
- C) Day blindness.**
- D) Unilateral diplopia.**
- E) None of the above.**





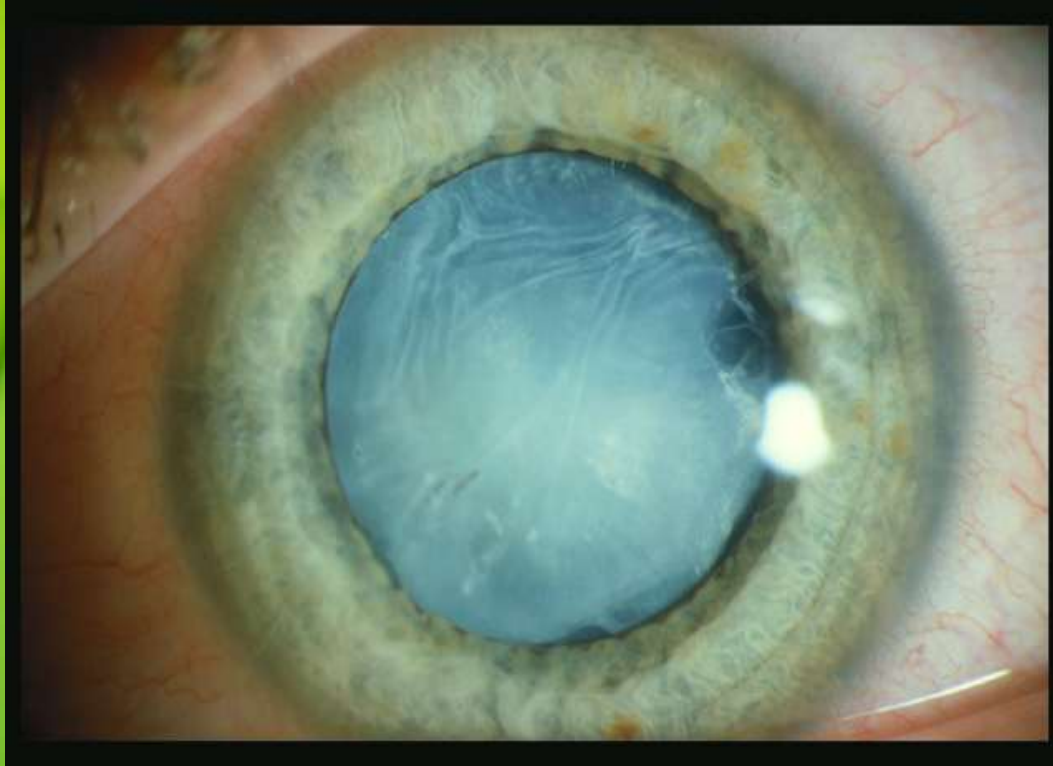
(32) Regarding this crystalline lens, it is regarded :

- A) Clear & in place.
- B) Opaque & in place .
- C) Opaque & subluxated.
- D) Clear & subluxated.



(33) Concerning anterior chamber depth here, it is expected to be :

- A) Shallow.
- B) Deep.
- C) Of irregular depth.
- D) undetermined.



- (34) In this 80 years old lady who had marked diminution of vision for 10 years, all is true except:
- A) Visual acuity is expected to be HMGP.
  - B) Liable to 2ry open angle glaucoma.
  - C) Liable to spontaneous lens dislocation.
  - D) Is an easy surgical challenge.**
  - E) The anterior chamber is expected to be deep.



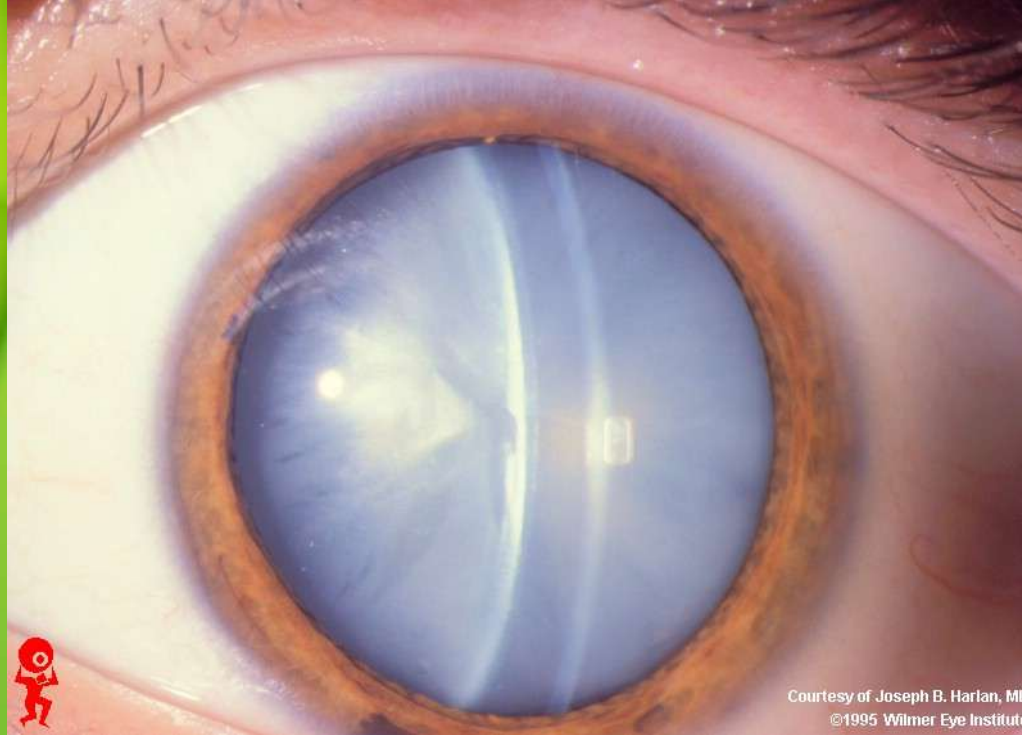
**(35) As concerns the crystalline lens here:**

- A) It's clear & anteriorly dislocated.**
- B) It's clear & posteriorly dislocated.**
- C) It's opaque & subluxated.**
- D) It's clear & subluxated.**
- E) This patient may have glaucoma inversus.**
- F) A&E.**





- (36) As regards this 79 years old man who has marked visual diminution for 14 years, which is true :
- A) Liable to phacomorphic glaucoma.
  - B) Liable to phacolytic glaucoma.**
  - C) Liable to phacoanaphylactic uveitis.
  - D) Diagnosed as senile nuclear cataract.
  - E) A&D.
  - F) A&C.



**(37) Regarding this patient, all is true except:**

- A) Visual acuity is expected to be HMGP.**
- B) The A.Ch. is shallow.**
- C) Liable to phacomorphic glaucoma.**
- D) The lens is shrunken.**
- E) Intralenticular osmotic pressure is high.**



**(38) Regarding this lens opacity, all is true except:**

- A) Visual acuity is markedly affected as the opacity is near to the nodal point.**
- B) Is a form of complicated cataract.**
- C) Needs rapid surgical intervention.**
- D) ICCE is ideal for its extraction.**
- E) All of the above.**

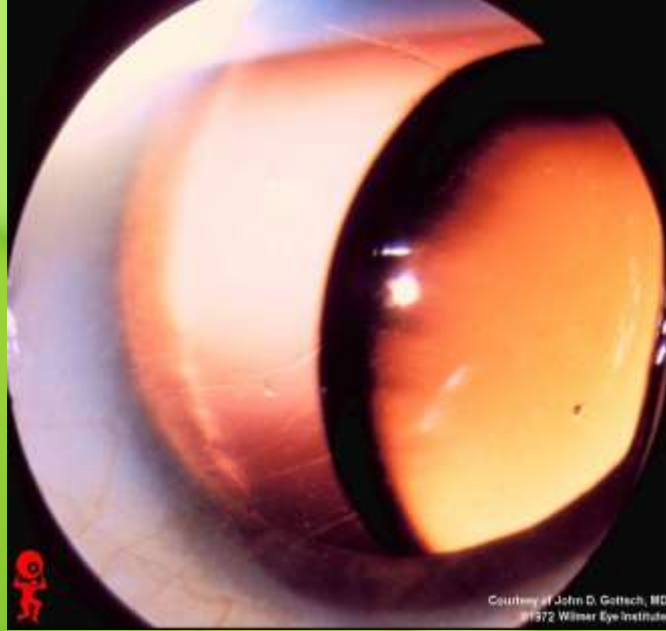




**(39) Concerning this patient, all is true except:**

- A) Has a short period of diminution of vision.**
- B) Liable to 2ry open angle glaucoma.**
- C) The capsule has calcium & cholesterol in a higher concentration.**
- D) Iris shadow may be seen with oblique illumination.**
- E) The A.Ch. is deep.**





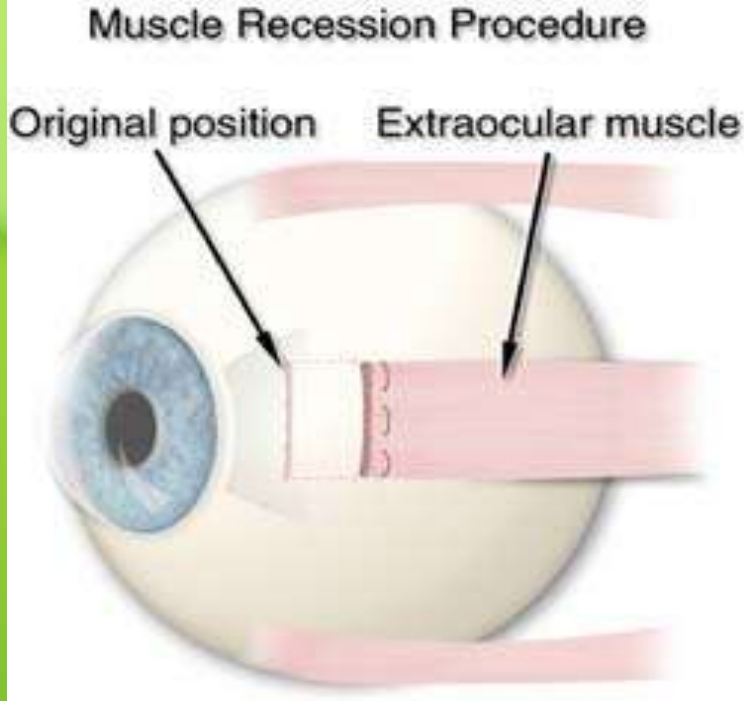
(40) As regards this lenticular sign, all is true except:

- A) Trauma may be an underlying factor.
- B) Anterior chamber is irregular in depth.
- C) Unocular diplopia is a common presentation.
- D) May be heredofamilial.
- E) Binocular diplopia is a common presentation.**



(42) This lady has:

- A) Rubeosis irides.
- B) Peripheral iridectomy.
- C) Complicated cataract.
- D) Ciliary injection.
- E) Neovascular glaucoma.
- F) All of the above.**
- E) None of the above.



(23) As regards this surgical modality, which is false?

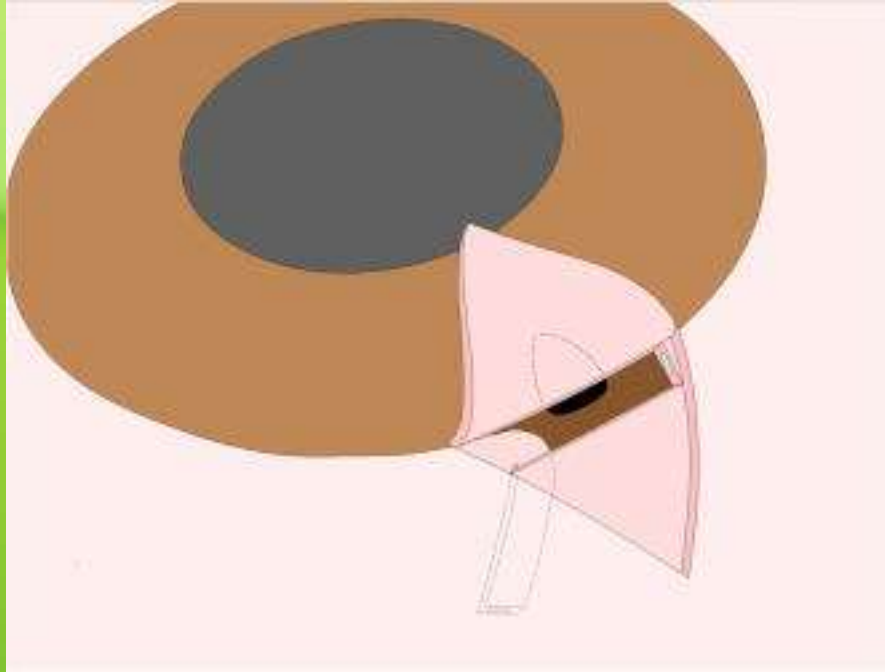
- A) The muscle is reattached in front of its insertion.
- B) Is a weakening procedure.
- C) May be applied to the lateral rectus in divergent squint.
- D) May be applied to the medial rectus in convergent squint.
- E) The original muscle length is unchanged.



**(25) Concerning these tests :**

- A) Cover test detects heterotropia.**
- B) Uncover test detects heterophoria.**
- C) Alternate cover detects total deviation.**
- D) Prism cover test measures total deviation.**
- E) All of the above.**





(18) As concerns the illustrated operation, all is true except:

- A) Increases the facility of aqueous outflow via an alternative pathway.
- B) Aqueous humor is drained subconjunctivally.
- C) May be complicated with shallow anterior chamber.
- D) Used in treating 1ry open angle glaucoma.
- E) An iridectomy is unnecessary.

## Strabismus repair

Before



After



(26) The operation that corrected this strabismus would not be:

- A) Right medial rectus (MR) resection.
- B) Right lateral rectus (LR) recession.
- C) Right medial rectus (MR) recession.
- D) Right lateral rectus ( LR) resection.
- E) C & D.
- F) A & B.

## Strabismus repair

Before



After



(27) The operation that corrected this strabismus would be:

- A) Right medial rectus (MR) resection.
- B) Right lateral rectus (LR) recession.
- C) Right medial rectus (MR) recession.
- D) Right lateral rectus ( LR) resection.
- E) C & D.
- F) A & B.



(28) This lady has:

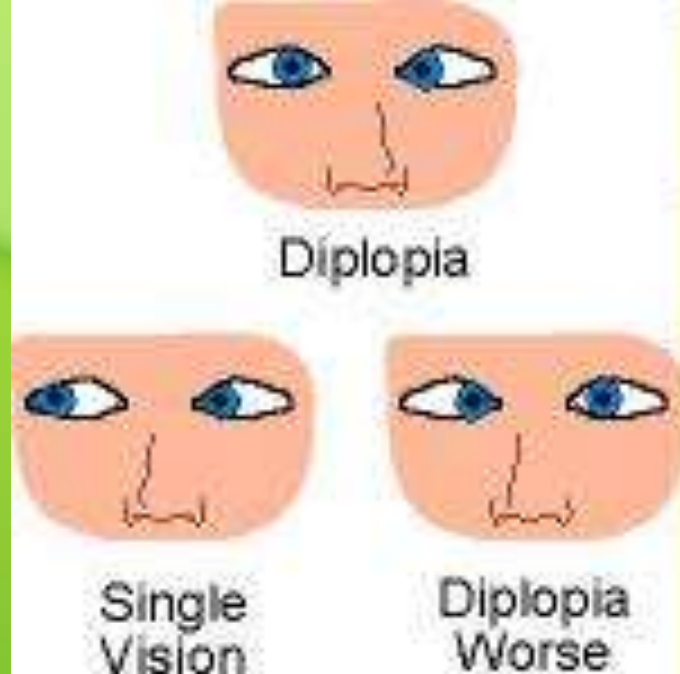
- A) Left hypertropia.**
- B) Normal extraocular muscular balance.**
- C) Left hypotropia.**
- D) Alternating hypotropia.**
- E) Right hypertropia.**





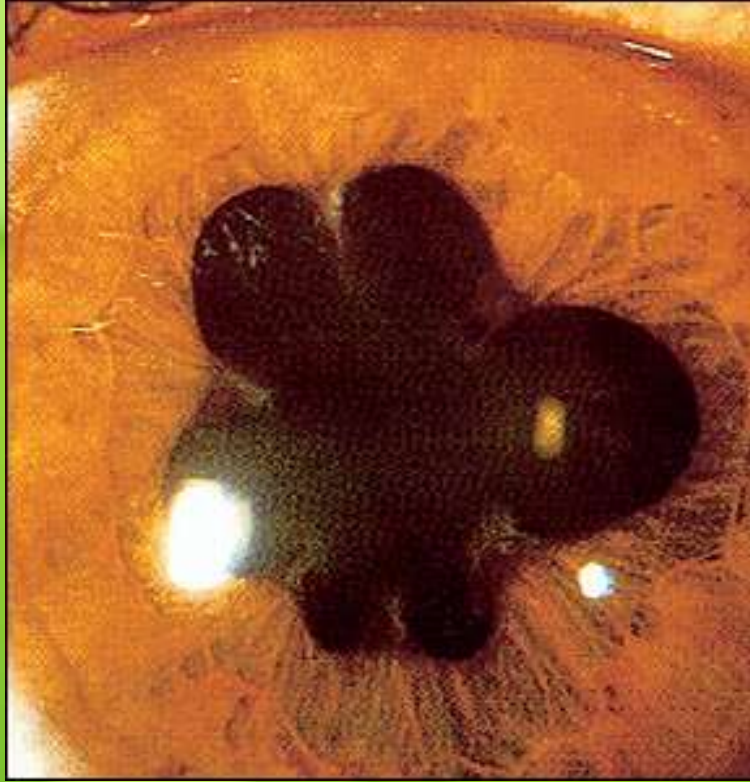
(20) The D.D. of this limbal lesion would not include:

- A) Pinguecula.
- B) Phlycten.
- C) Spring catarrh.
- D) Bitot's spots.
- E) Arcus senilis.**



(29) The provisional diagnosis is:

- A) Left abducens palsy.
- B) Right abducens palsy.
- C) Right oculomotor palsy.
- D) Left oculomotor palsy.
- E) Left trochlear palsy.



(1) This patient has:

- A) Occlusio pupillae.
- B) Seclusio pupillae.
- C) Festooned pupil**
- D) Heterochromia irides.
- E) None of the above.



(2) This man suffers from:

- A) Occlusio pupillae.
- B) Seclusio pupillae.
- C) Festooned pupil.**
- D) Iris bombe`.
- E) None of the above.





**(8) The operation performed for this patient is:**

- A) Subscleral trabeculectomy.**
- B) Peripheral iridectomy.**
- C) Phacoemulsification & IOL implantation.**
- D) ECCE & IOL implantation.**
- E) Combined cataract & GFS.**
- F) No surgery altogether.**



(9) This technique is helpful in diagnosing:

- A) Buphthalmos.**
- B) Congenital cataract.**
- C) Congenital dacryocystitis.**
- D) Ophthalmia neonatorum.**
- E) Congenital corneal opacities.**



(10) This gonioscopic appearance may be encountered in:

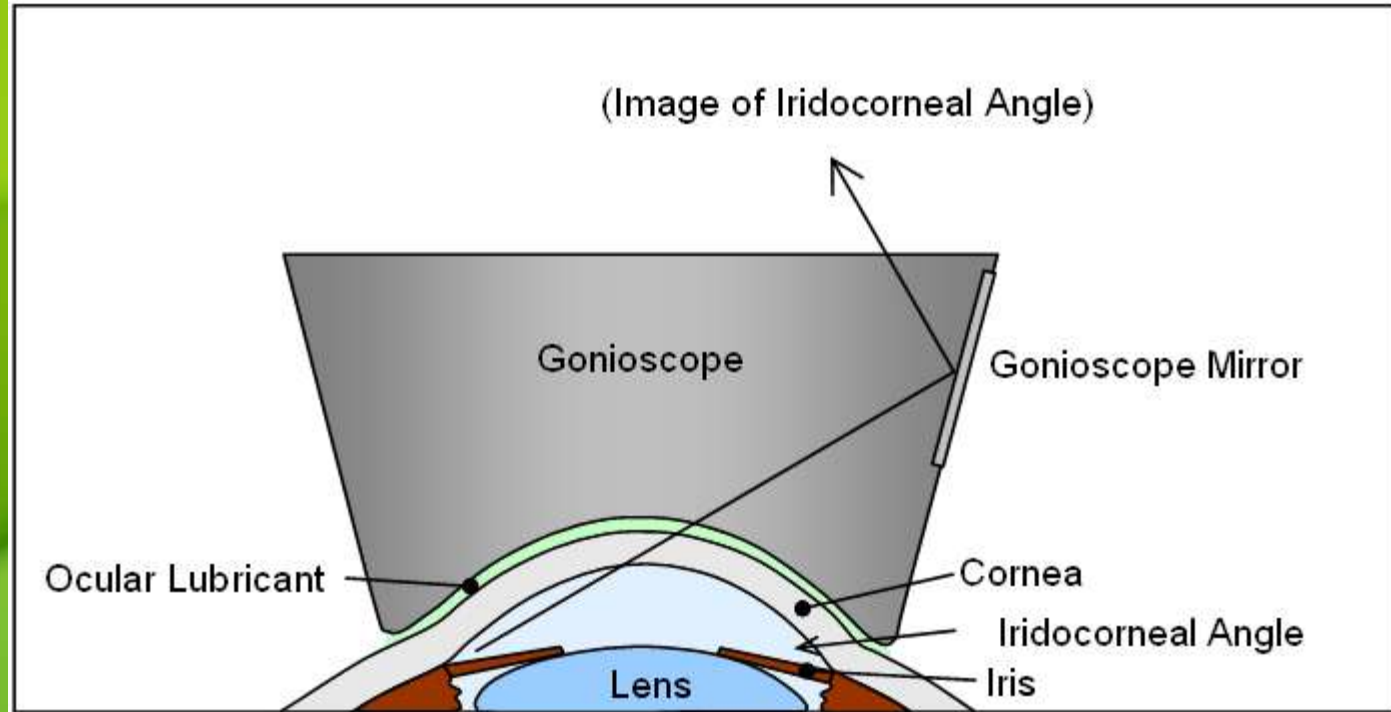
- A) Central retinal vein occlusion (CRVO).
- B) Proliferative diabetic retinopathy (PDR).
- C) Branch retinal vein occlusion (BRVO).
- D) All of the above.**
- E) A & B.



**(11) This conjunctival appearance is termed:**

- A) A bleb.**
- B) A phlycten.**
- C) A symblepharon.**
- D) A pterygium.**
- E) Nodular episcleritis.**





(14) Which is untrue concerning this diagnostic technique?

- A) Needed in diagnosing any case of high IOP.
- B) To examine the inferior angle, the gonioscopic mirror is placed at the 12 o'clock position.
- C) The examination is done in conjunction with the direct ophthalmoscope.
- D) Helpful in assessing the depth & structure of the anterior chamber angle.
- E) The same lens may be used for therapeutic purposes.



(15) Concerning this man, all is false except:

- A) Has a high liability to primary open angle glaucoma.
- B) The refraction is typically myopic.
- C) Mydriatics -if needed- should be given with caution.**
- D) The anterior chamber angle is widely open.
- F) Prophylactic laser trabeculoplasty may be needed.



(16) This 52 years lady came from the cinema to the casualty department at 23 o'clock with an agonizing ocular pain, haloes around light and marked diminution of vision. Her spherical refraction is mostly:

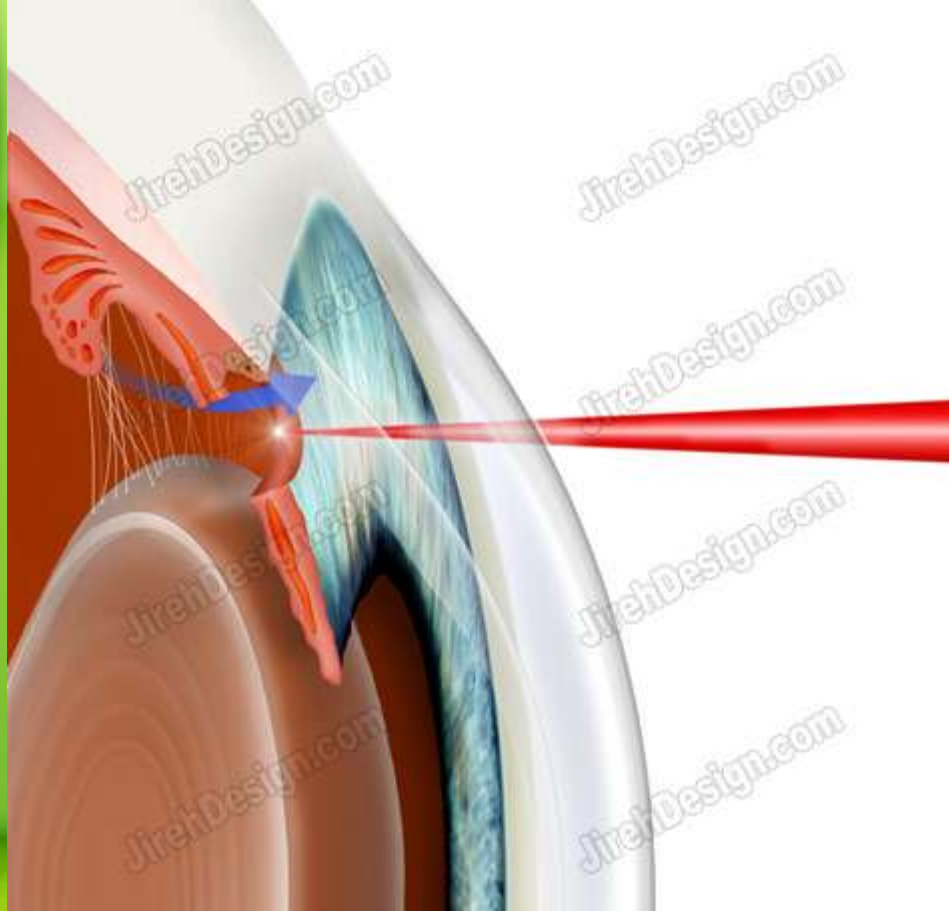
- A) – 2.00 diopters.
- B) + 3.50 diopters.**
- C) – 7.00 diopters.
- D) I can not determine.



(17) As concerns this cryosurgical technique, which is wrong ?

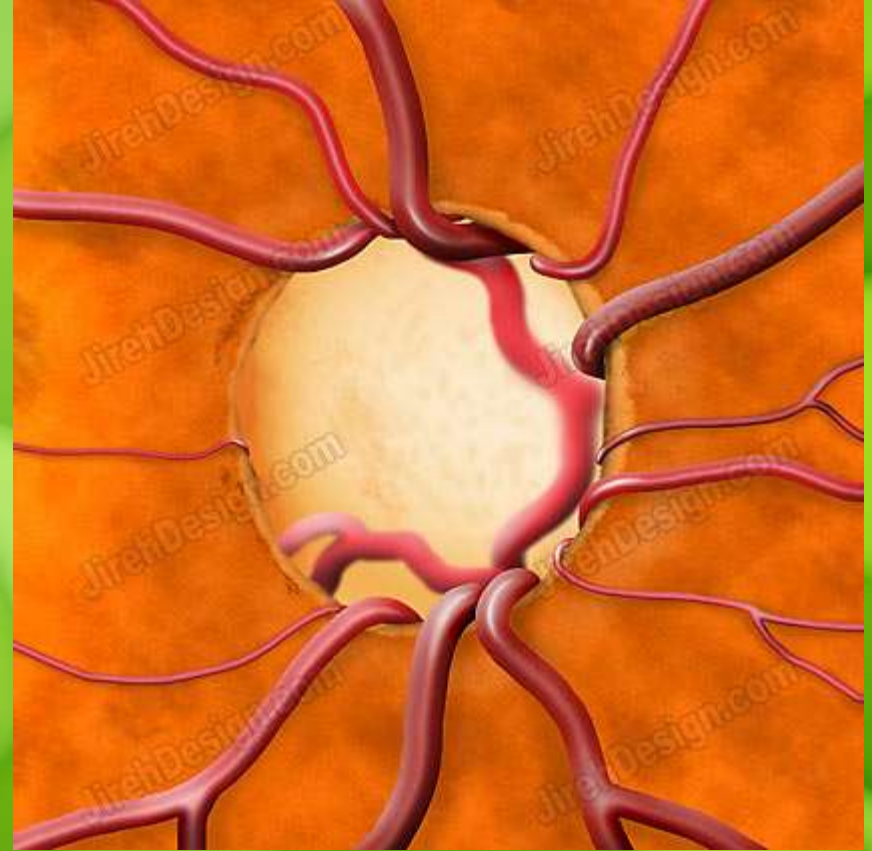
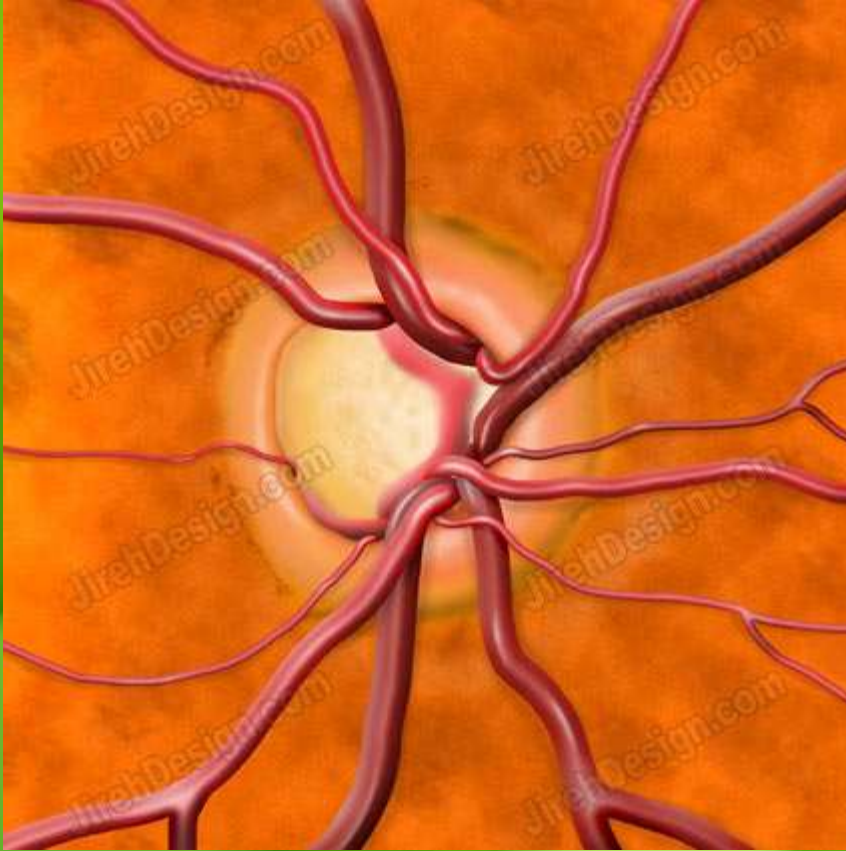
- A) Increases the facility of aqueous outflow.
- B) Useful to relieve pain & headache in absolute glaucoma.
- C) May be combined with retrobulbar injection of absolute alcohol.
- D) May be used in end-stage neovascular glaucomas.
- F) Can be applied in cases with 2/60 visual acuity.
- G) In posterior locations, can treat retinal breaks.
- H) A & D.
- I) A & F.





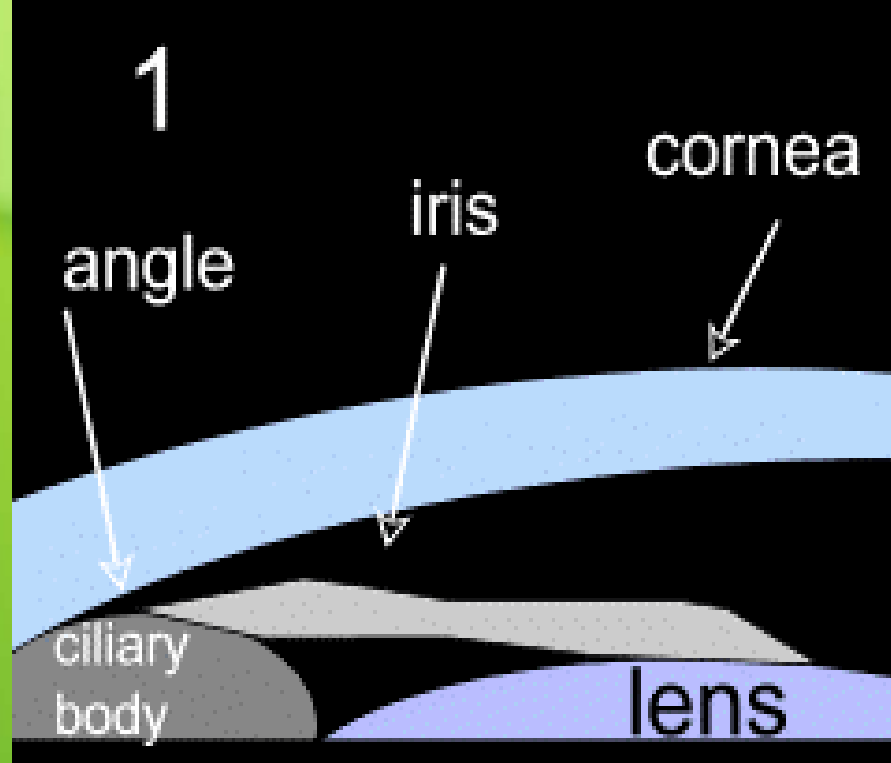
(19) All is true about this type of laser therapy except:

- A) Argon laser is the preferred one.
- B) Can treat glaucoma inversus.
- C) The anterior chamber gets deeper after finishing its application.
- D) Useful after controlling acute congestive glaucoma, if most of the A.Ch angle is still open.
- E) Has replaced surgical iridectomy in many cases.



(20) The fundus photos represent the same person within 2 years' period. The diagnosis would be:

- A) Progressive glaucomatous cupping.
- B) Progressive optic neuritis.
- C) Primary optic atrophy.
- D) Papilledema.
- E) A physiological cup.



**(21) This mechanism is responsible for:**

- A) 1ry open angle glaucoma (1ry OAG).**
- B) 1ry angle closure glaucoma (1ry ACG).**
- C) Neovascular glaucoma (NVG).**
- D) Phacolytic glaucoma.**
- E) Phacomorphic glaucoma.**



(22) This physician is:

- A) Measuring the facility of aqueous outflow.
- B) Examining the anterior chamber angle.
- C) Measuring IOP.**
- D) Performing perimetry.
- F) Searching for a glaucomatous cup.





**(1) This test is used to diagnose:**

- A) Dry eye.**
- B) Angle closure glaucoma.**
- C) Open angle glaucoma.**
- D) Myasthenia gravis.**
- E) None of the above.**



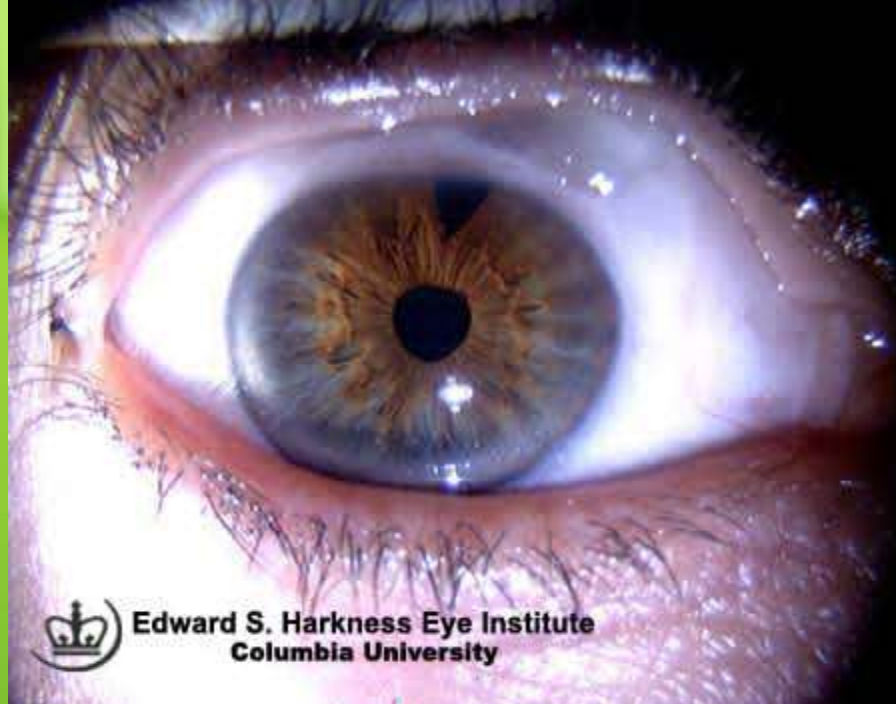
(2) The commonest organism to cause such condition is:

- A) Chlamydia trachomatous.
- B) Tubercle bacilli.
- C) Pneumococci.**
- D) Staph. aureus.
- E) Gonococci.



(3) The following conjunctival lesion is termed:

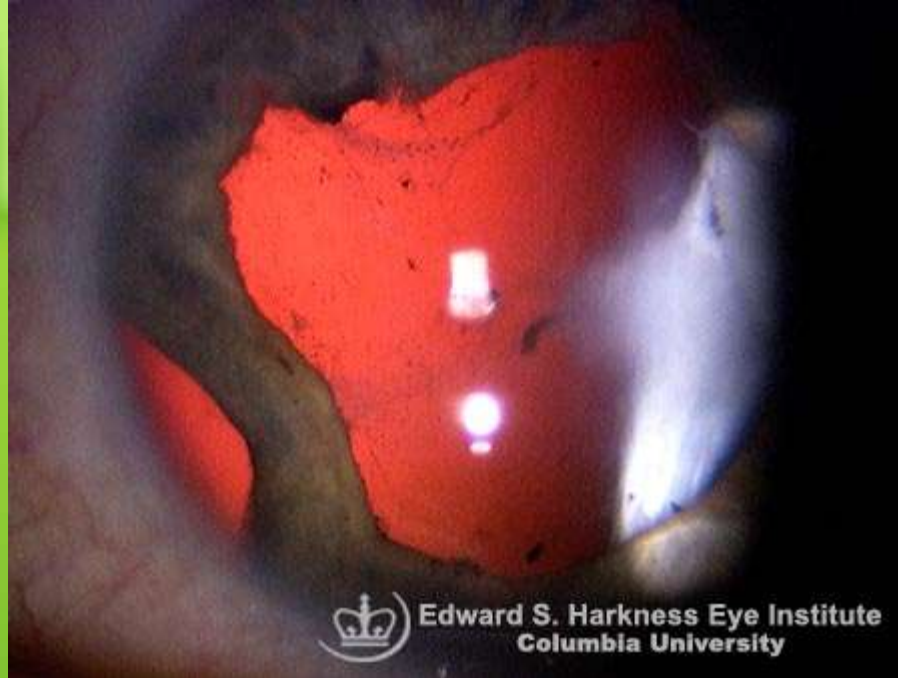
- A) Tranta spot.
- B) Bitot spot.**
- C) PTD.
- D) Arlt's line.
- E) Trachomatous pannus.



(4) The 1 o'clock iris opening represents:

- A) A key-hole iridectomy.
- B) A wide basal iridectomy.
- C) A peripheral iridectomy.**
- D) A visual iridectomy.
- E) An iris coloboma.





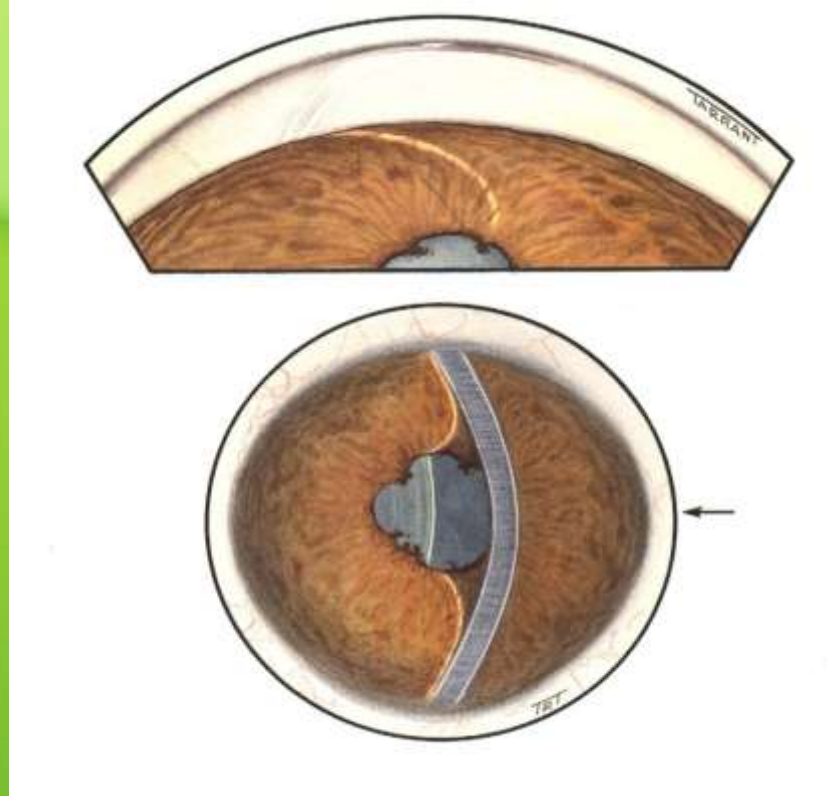
(5)The expected complaint in this patient would be:

- A) Metamorphopsia.
- B) Diminution of vision.
- C) Unocular diplopia.**
- D) Binocular diplopia.
- E) None of the above.



(7) The opening in the upper iris is termed:

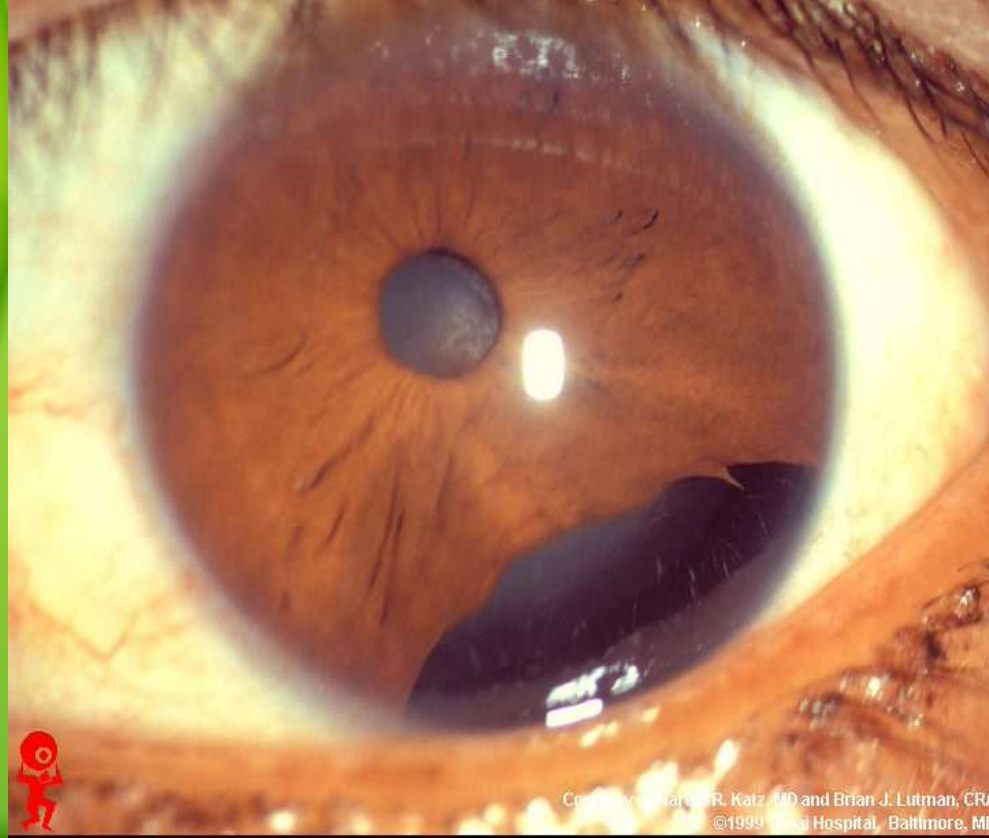
- A) Sector iridectomy.
- B) Peripheral iridectomy.**
- C) Wide basal iridectomy.
- D) Key-hole iridectomy.
- E) Iris coloboma.



(8) This man has all except:

- A) Posterior synechiae.
- B) Festooned pupil.
- C) Complicated cataract.
- D) Iris bombe'
- E) 2ry angle closure glaucoma.
- F) Anterior synechiae.**





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(9) Regarding this patient, all is true except:

- A) The condition is termed iridodialysis.
- B) Is caused by blunt trauma.
- C) The iris tear is in the pupillary border.**
- D) Needs surgical intervention.
- E) Associated with traumatic cataract.





(10) This man had previous intraocular inflammation. This photograph delineates:

A) Peripheral anterior synechiae.

B) Anterior synechiae.

**C) Posterior synechiae.**

D) Leucoma adherent.

F) None of the above.



(11) Concerning the cornea, this lady has:

- A) A corneal ulcer.
- B) Keratic precipitates.**
- C) A trachomatous pannus.
- D) Corneal vascularization.
- E) Haab striae.
- F) None of the above.



(12) Regarding iris exam., this man has:

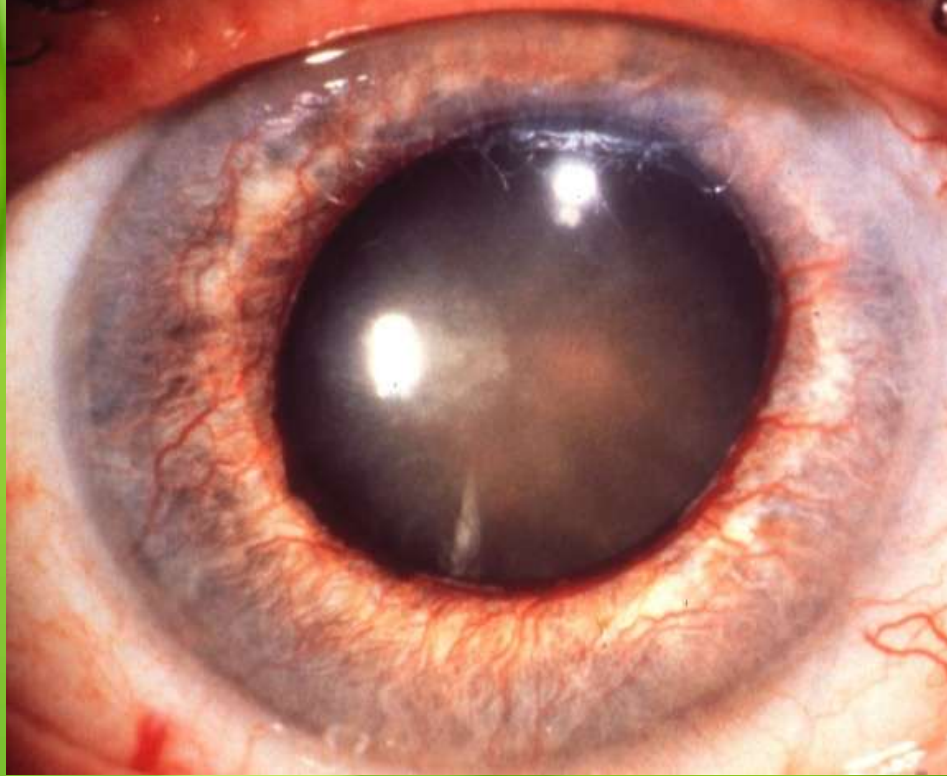
- A) Rubeosis irides.
- B) A muddy iris.
- C) Heterochromia irides.
- D) An iris nodule.**
- E) Iris atrophy.



**(13) This condition is typically encountered :**

- A) At 5 years of age.**
- B) Between 5 & 15 years of age.**
- C) Between 15 & 25 years of age.**
- D) Between 25 & 35 years of age.**
- E) Above 40 years of age.**





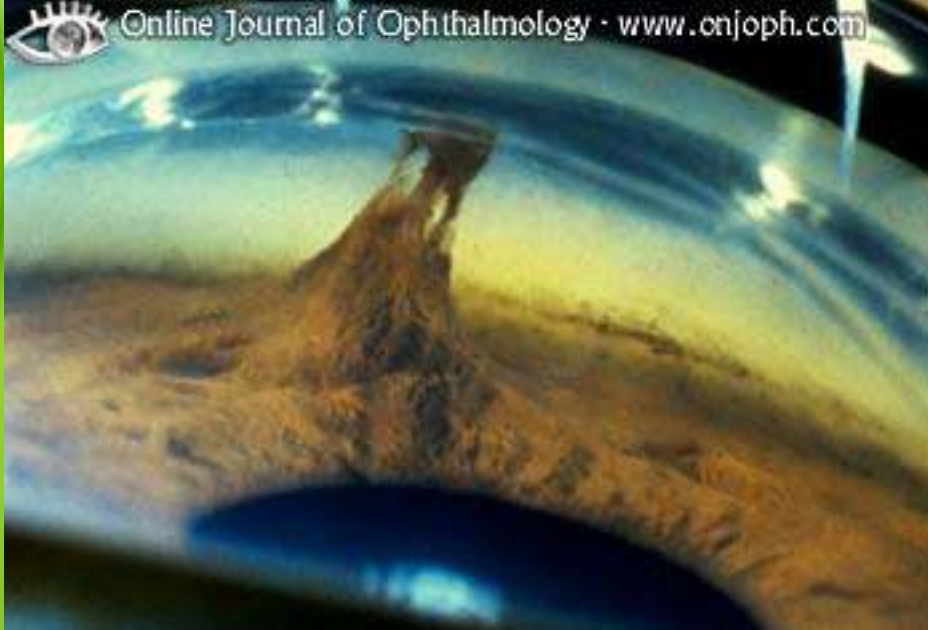
(13) Concerning glaucoma in this man, it regarded as:

- A) Phacolytic .
- B) Phacomorphic.
- C) Neovascular.**
- E) Glaucoma capsulare.
- F) Phacoanaphylactic.



(14) This young lady has:

- A) Muddy iris .
- B) KPs.
- C) Heterochromia irides.**
- D) Peripheral iridectomy.
- E) None of the above.



(15) This gonioscopic photo represents:

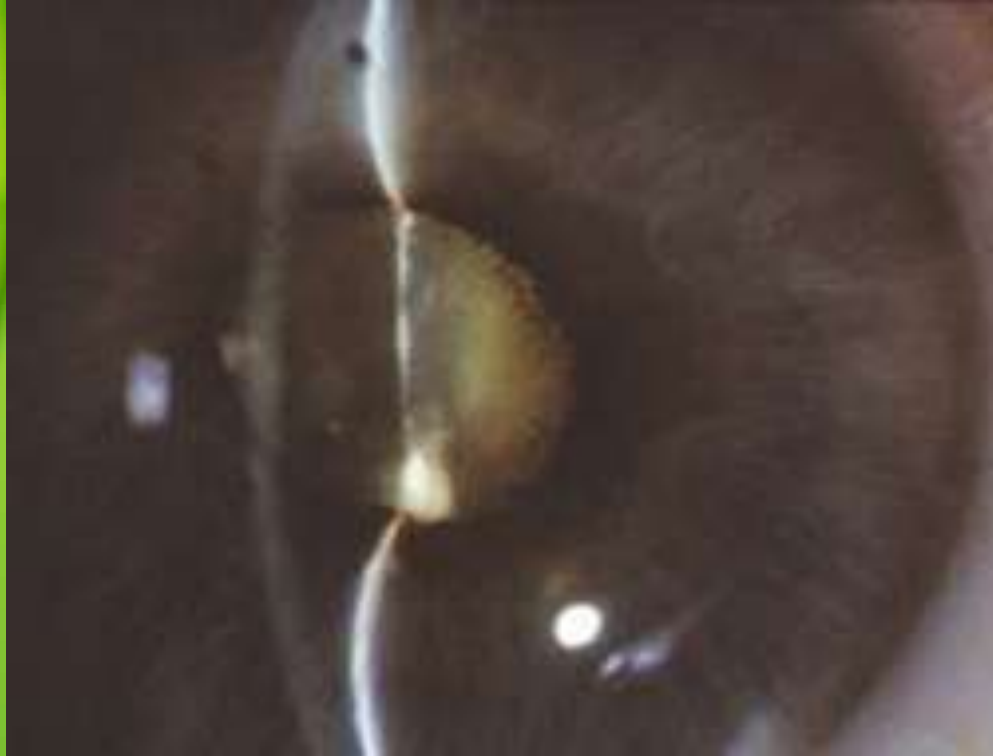
- A) Anterior synechia.**
- B) Posterior synechia.**
- C) Peripheral anterior synechia.**
- D) Occlusio pupillae.**
- E) None of the above.**



(16) The arrowed lesions in this gonioscopic photo represent:

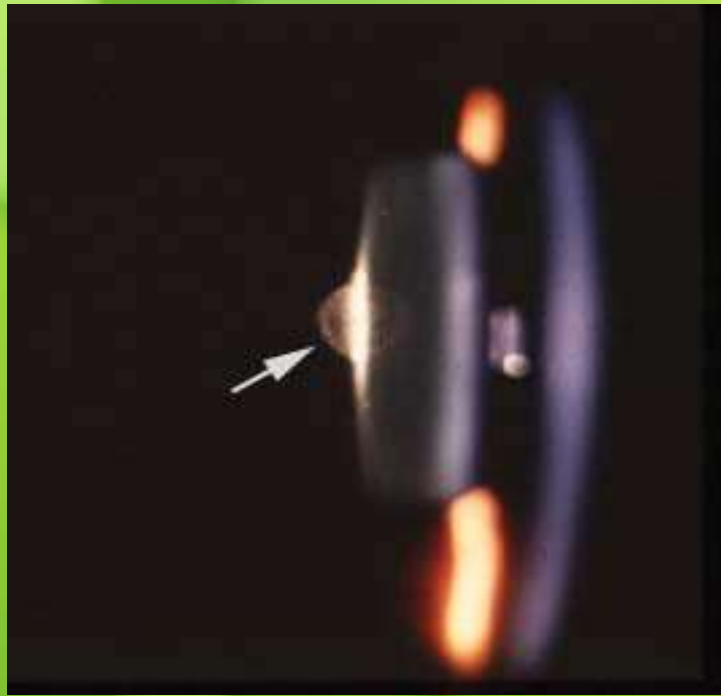
- A) Posterior staphyloma.
- B) Posterior synechia.
- C) Anterior synechia.
- D) Peripheral anterior synechia.**
- E) None of the above.





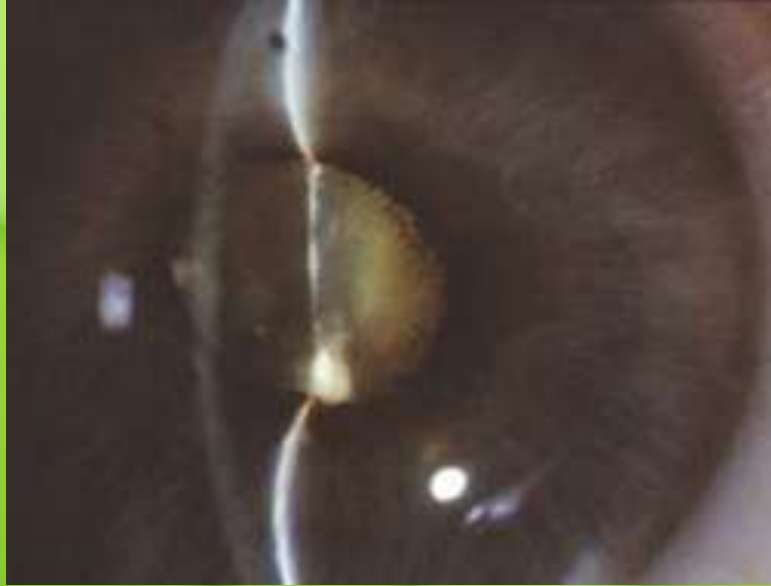
(17) Concerning the IOP in this man, the most expected value is:

- A) 14 mmHg.
- B) 5 mmHg.
- C) 32 mmHg.**
- D) I can't tell.



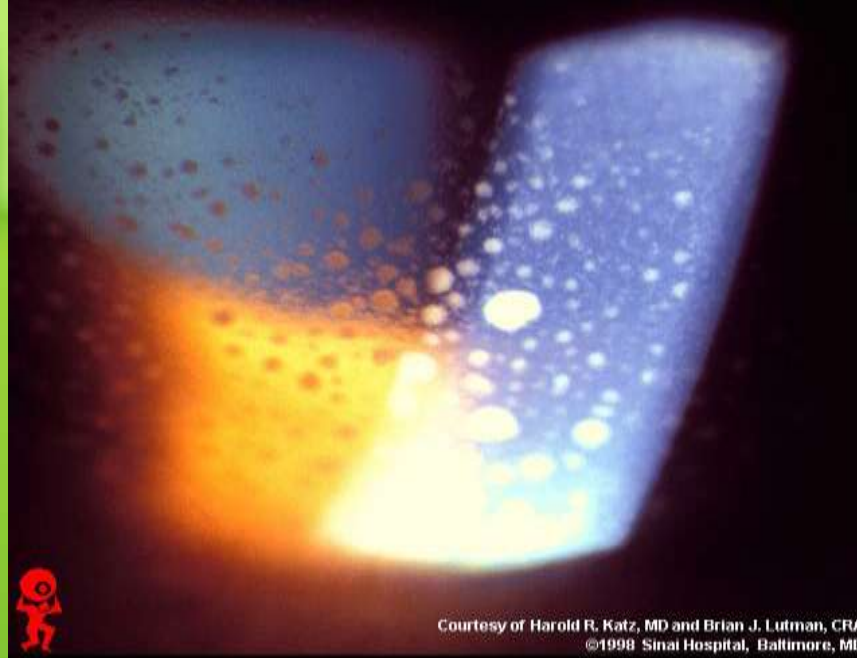
(8) The lenticular opacity is termed:

- A) Coronary cataract.
- B) Zonular cataract.
- C) Posterior polar cataract.**
- D) Pyramidal cataract.
- E) None of the above.



**(18) Regarding this anterior chamber angle, it is considered :**

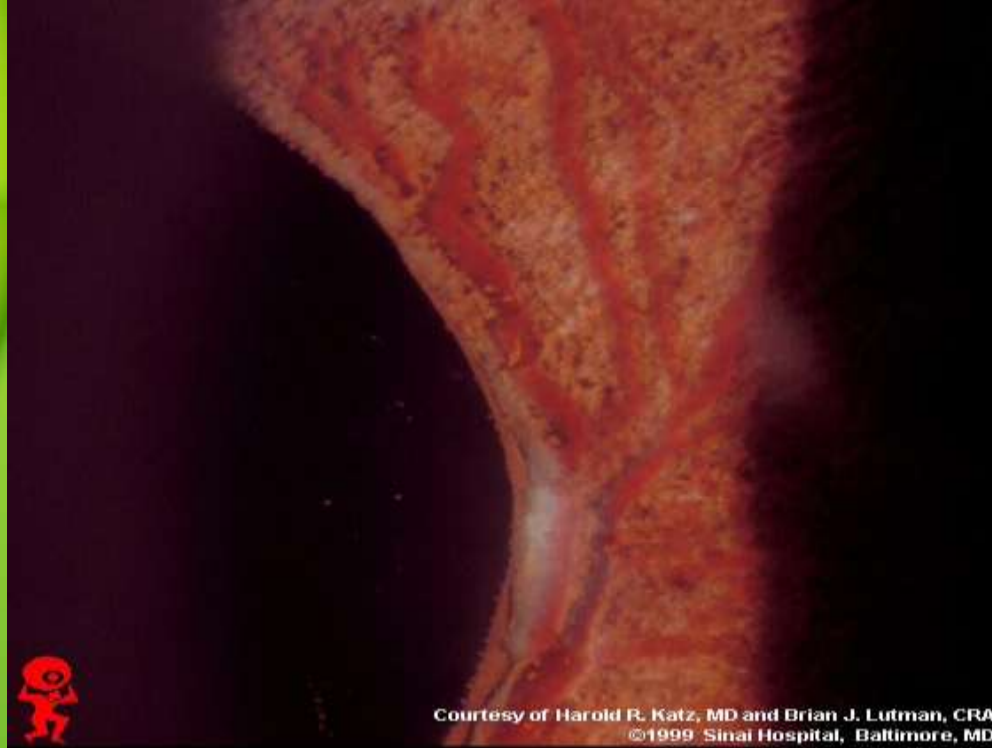
- A) Shallow.**
- B) Deep.**
- C) Normal.**
- D) I can not tell.**



(19) Concerning the precipitate on the posterior corneal surface, it could not be faced in:

- A) Vogt-Koyanagi-Harada (VKH) disease.
- B) Acute congestive glaucoma.**
- C) Tuberculosis.
- D) Sarcoidosis.
- E) Sympathetic ophthalmia.





(20) Concerning the lesion on the anterior iris surface, all is correct except:

- A) Could follow central retinal vein occlusion.
- B) Could complicate PDR.
- C) The retina is the target of treatment.
- D) Pilocarpine is beneficial.
- E) IOP may be highly elevated.



(14) This condition is manifested earlier in:

- A) Persons with – 2 DC.
- B) Persons with + 2 DS.**
- C) Persons with – 2 DS.
- D) Emmetropes.
- E) I can not tell.



(12) The provisional diagnosis in this girl is:

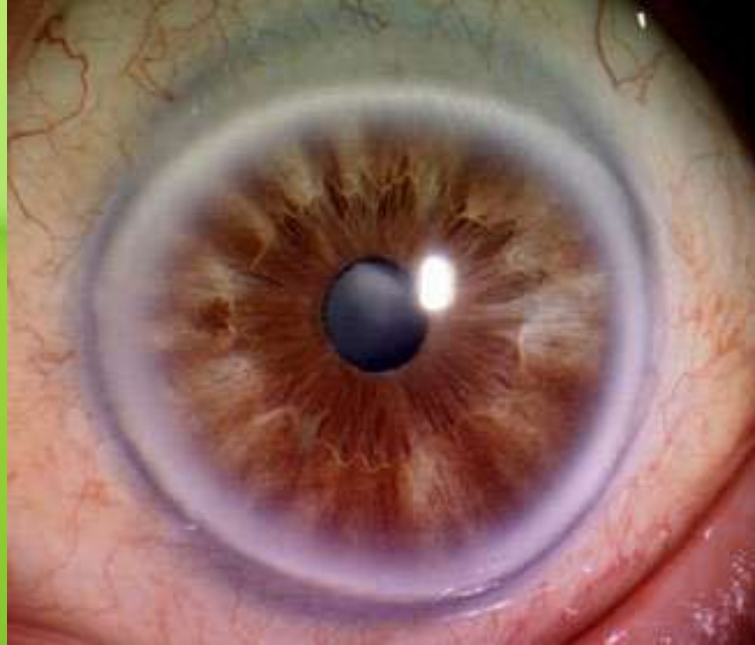
- A) Acute dacryocystitis.
- B) Acute dacryoadenitis.**
- C) Orbital cellulitis.
- D) Hordeolum externum.
- E) Difficult to tell.



(2) The most probable diagnosis in this girl would be:

- A) Acute congestive glaucoma.
- B) Orbital cellulitis.**
- C) Hypopyon corneal ulcer.
- D) Acute dacryoadenitis.
- F) None of the above.





(21) Concerning the corneal clarity in this 76 years old lady, which is true?

- A) The cornea is entirely clear .
- B) She has a thick trachomatous pannus.
- C) She has an arcus senilis.
- D) She has corneal edema.
- F) B & D.
- G) B & C.



**(3) The commonest infective source here would be from:**

- A) The blood stream.**
- B) The lacrimal gland.**
- C) The middle ear.**
- D) The maxillary sinus.**
- F) The ethmoidal air cells.**



**(4) If you consider this thyrotoxic patient liable to corneal ulceration, the most probable site is:**

- A) The nasal side.**
- B) The temporal side.**
- C) The superior third.**
- D) The inferior third.**
- E) The middle third.**



(5) This man complained of palpitation & intolerance to hot weather. Lab. revealed elevated T3 & T4. Concerning this appearance on downgaze, he has:

- A) A marked proptosis.
- B) A lid lag on downgaze.**
- C) A positive Moebius sign.
- D) A staring look.
- E) An upper eyelid retraction.





**(6) This thyrotoxic lady has all except.**

- A) Lid retraction.**
- B) Enophthalmos.**
- C) Limitation of upgaze on the right side.**
- D) Proptosis.**
- E) Lagophthalmos.**



(7) This well-known thyrotoxic lady has:

- A) A staring look.
- B) A unilateral lid retraction.
- C) A bilateral proptosis.
- D) A bilateral lid retraction.
- E) A unilateral proptosis.
- F) A high need to corneal protection by night.
- G) A, B, D & E.
- H) A, C, D & F.



(8) This hyperthyroid lady has:

- A) No signs of thyroid ophthalmopathy.
- B) A marked proptosis.
- C) A mild upper eyelid retraction.**
- D) A marked limitation of extraocular motility.
- E) None of the above.

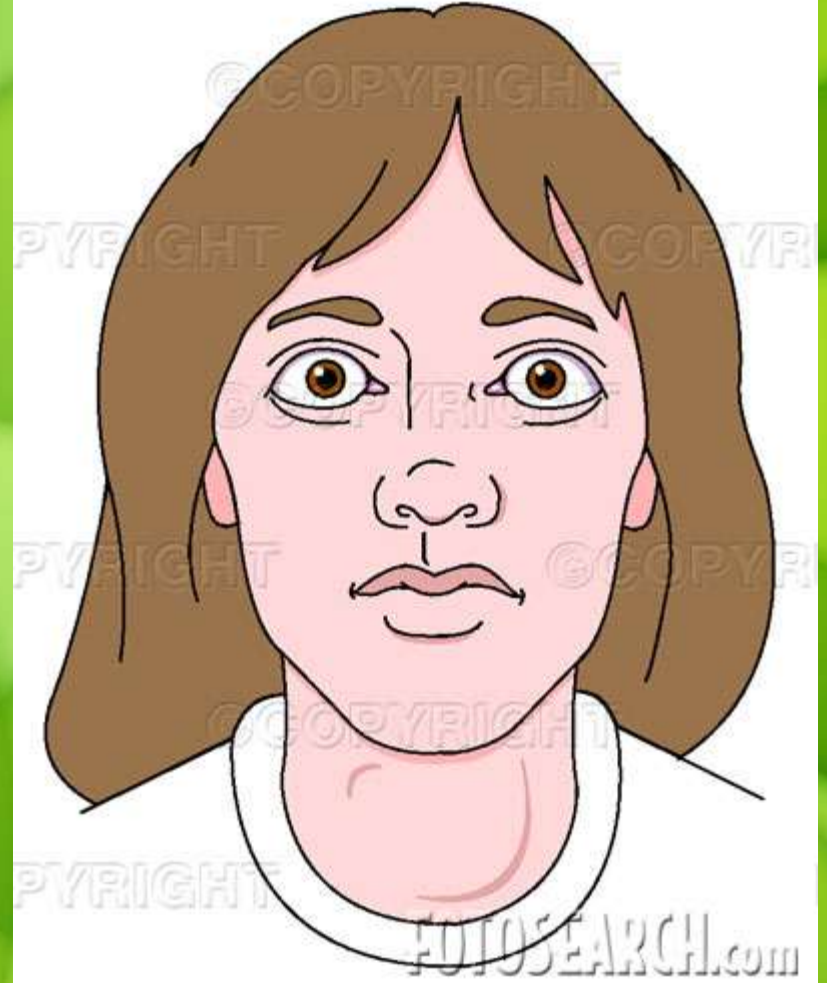
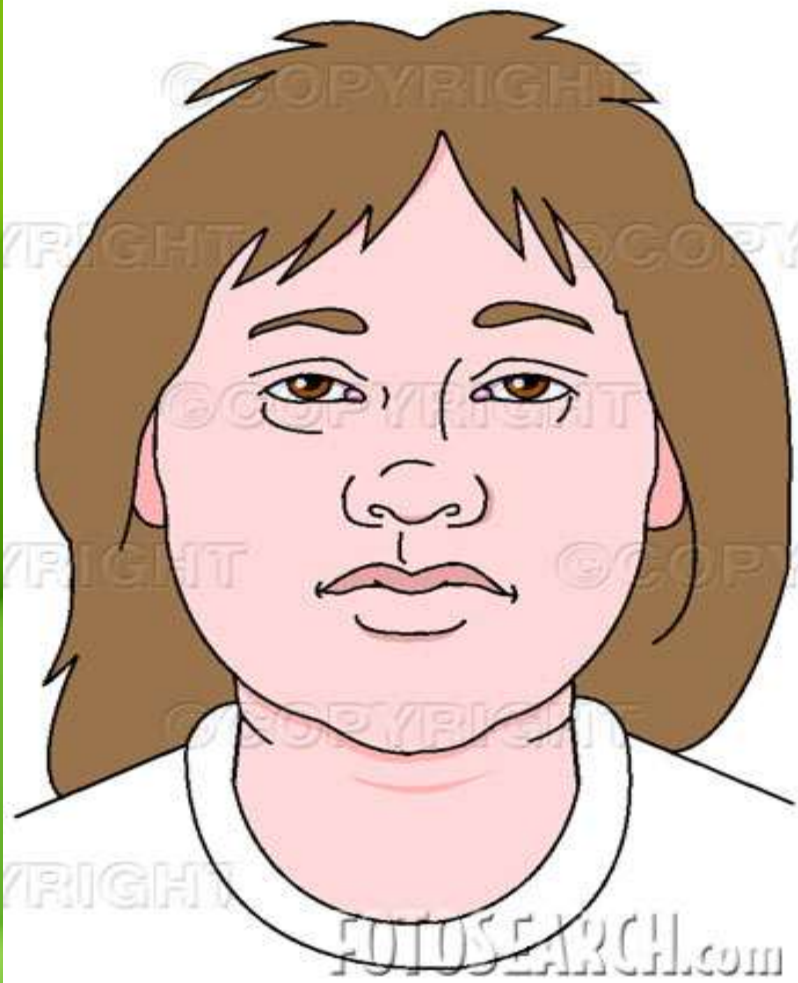




(34) These are typical examples of:

- A) Muddy iris.
- B) Rubeosis irides (NVI).**
- C) Atrophic iris patches.
- D) Peripheral iridotomies.
- E) None of the above.





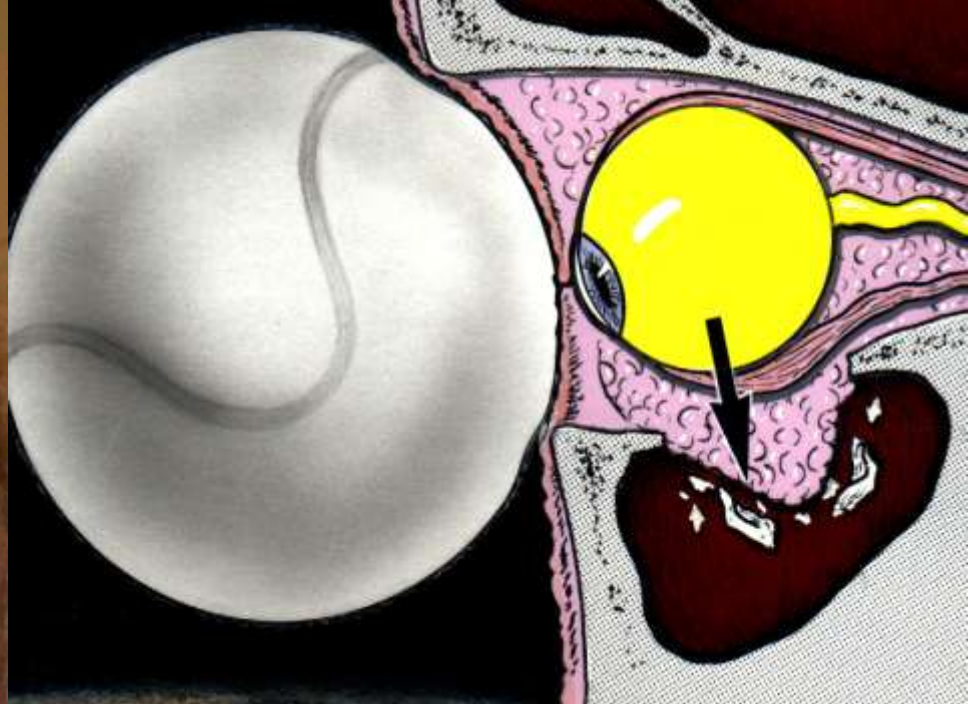
(10) To diagnose either case, all of the following may be required except:

- A) T3 estimation.
- B) TSH estimation.
- C) T4 estimation.
- D) Measuring the pulse & blood pressure.
- E) Abdominal ultrasonography.



(26) This patient suffers from:

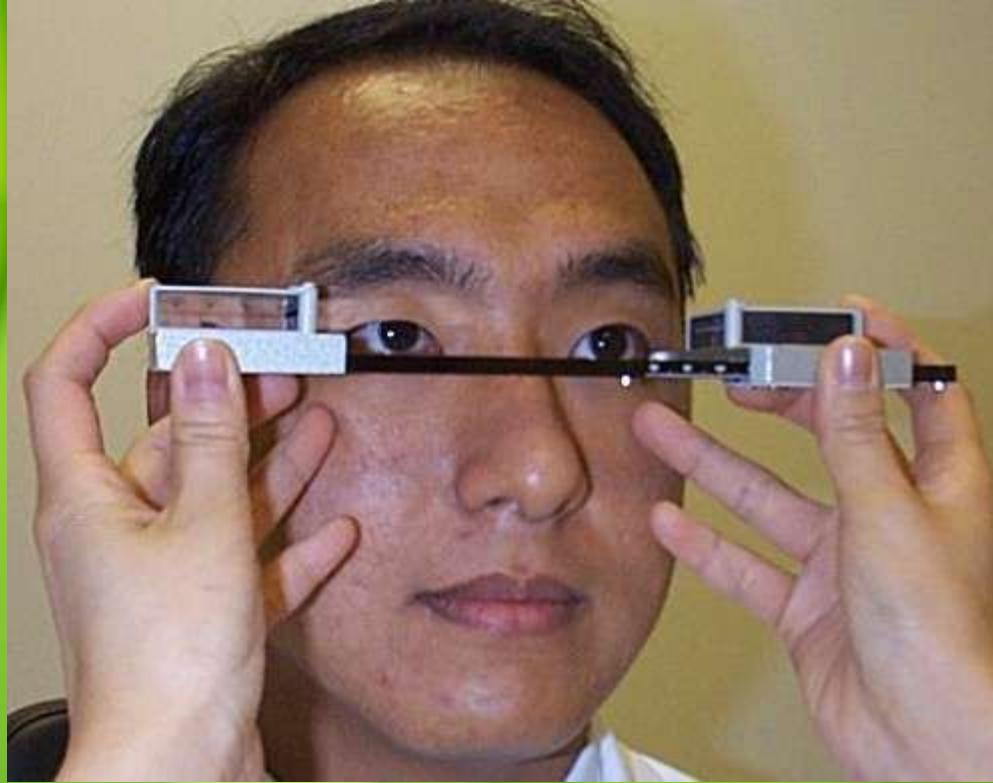
- A) Exophthalmos.
- B) Enophthalmos.
- C) **Lagophthalmos.**
- D) Microphthalmos.
- E) Endophthalmitis.



(12) Regarding this man with tennis ball orbital trauma, which is correct ?

- A) He has left exophthalmos.
- B) He has right enophthalmos.
- C) He has right enophthalmos & left exophthalmos.
- D) Orbital imaging is necessary.
- E) B & D.
- F) A & D.





**(13) This manoeuvre is used to:**

- A) Estimate the degree of axial ocular protrusion.**
- B) Measure the interpupillary distance.**
- C) Determine the ocular refractive status.**
- D) Measure the IOP.**
- E) Examine the fundus oculi.**





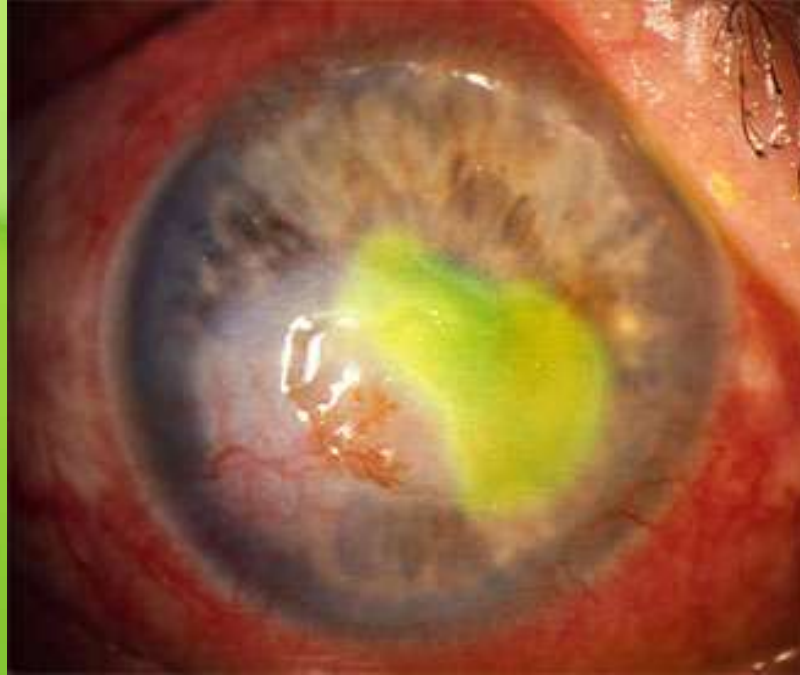
**(14) This lady has:**

- A) Right exophthalmos.**
- B) Left exophthalmos.**
- C) Right enophthalmos.**
- D) Left enophthalmos.**
- E) None of the above.**



**(16) This thyrotoxic lady has:**

- A) A marked chemosis.**
- B) A hyperemia over insertion of the horizontal recti.**
- C) A proptosis.**
- D) An upper lid retraction.**
- E) A, B & C.**



(23) As concerns this boy who had undergone an ocular trauma, which is false?

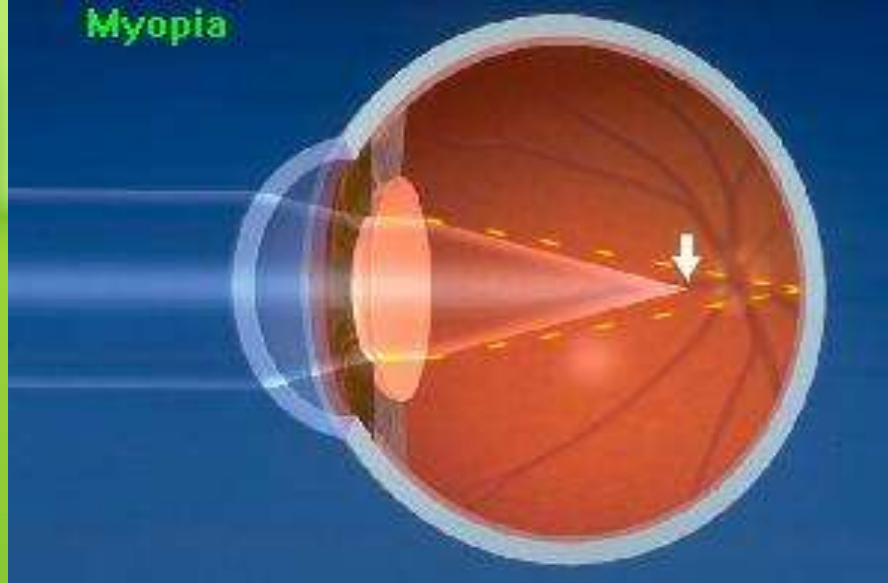
- A) A central fluorescein-stained corneal ulcer is evident.
- B) Prognostically bad corneal vascularization.
- C) Circumcorneal ciliary injection.
- D) Good healing potential.
- F) Marked diminution of vision.



(1) Concerning this patient, all is correct except:

- A) Axial myopia is typical.**
- B) Anterior chamber depth is increased.**
- C) Penetrating keratoplasty may be needed.**
- D) Hard contact lenses may be of help.**
- E) Corneal thickness is decreased.**





(2) This refractive condition could be treated by:

- A) Concave glasses.
- B) Contact lenses.
- C) Laser in situ keratomileusis (LASIK).
- D) Phakic IOLs.
- E) Radial keratotomy (RK).
- F) Clear lens extraction.
- G) All of the above.**
- H) A, B, C & E.



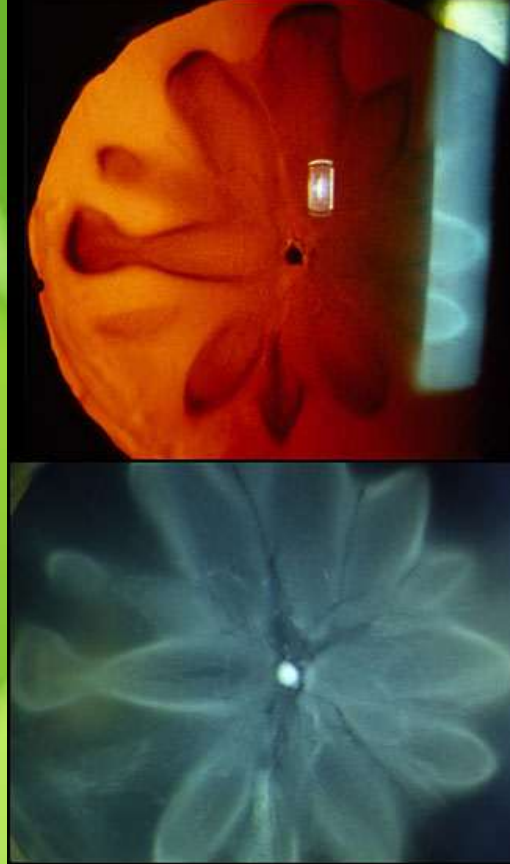
(43) This man has a typical:

- A) Immature senile cataract.
- B) Nuclear cataract.
- C) Morgagnian cataract.**
- D) Posterior subcapsular cataract.
- E) Anterior polar cataract.



**(44) This man has all of the following except:**

- A) Difficult reading.**
- B) Difficult driving in the presence of intense lights.**
- C) Improvement of VA on using atropine.**
- D) No need for early surgical intervention (small opacity).**
- E) Corticosteroids could be the etiology.**



(46) Concerning this lenticular opacification, which is false?

- A) Doesn't affect visual acuity.
- B) Can occur due to blunt ocular trauma.
- C) Termed rosette or flower-shaped cataract.
- D) May be associated with other intraocular injuries.
- E) Termed glaucomflecken.
- F) A & E.





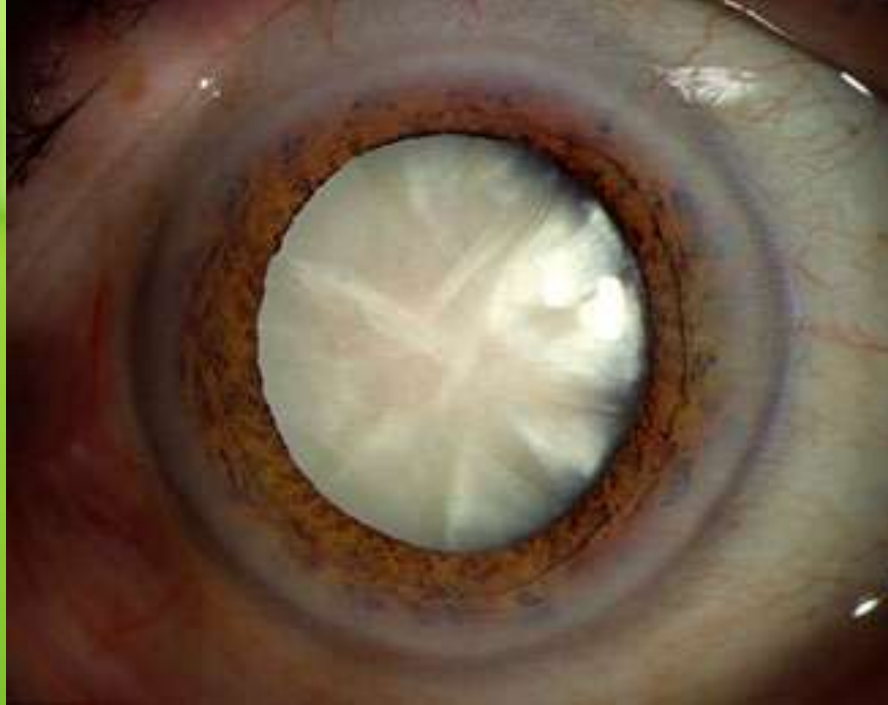
(29) The commonest organism to cause these unrelated conditions is:

- A) Streptococci.
- B) Pneumococci.
- C) Staphylococci.
- D) Morax-Axenfield diplobacilli.
- E) Anthrax bacilli.



**(47) This lens opacification is termed:**

- A) Sutural.**
- B) Nuclear.**
- C) Cortical.**
- D) Nuclear as well as cortical.**
- E) Sutural as well as cortical.**



(48) Which type of 2ry glaucoma this lady is liable to?

- A) Phacomorphic.**
- B) Phacolytic.**
- C) Neovascular.**
- D) Glaucoma capsulare.**
- E) Phacoanaphylactic.**
- F) Glaucoma inversus.**



(49) This lenticular sign is termed:

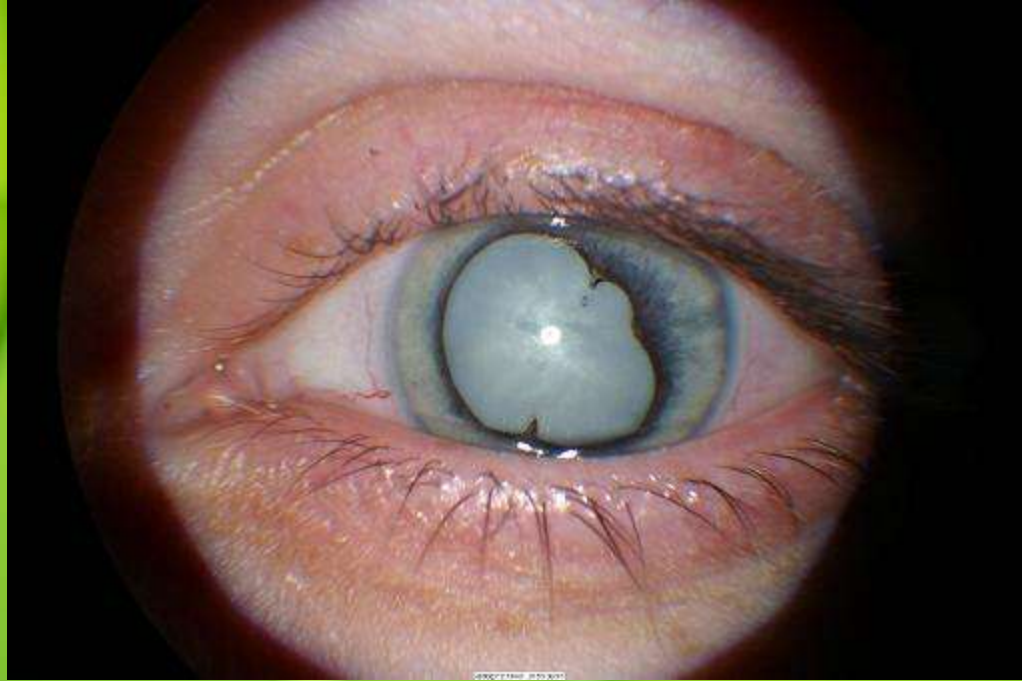
- A) Subluxation.
- B) Posterior dislocation.
- C) Lens coloboma.
- D) Anterior dislocation.
- E) Lens coloboma.
- F) None of the above.





(50) As concerns the crystalline lens, this lady has:

- A) A clear & in place lens.
- B) Anteriorly dislocated clear lens.
- C) An anterior chamber IOL.
- D) An anterior chamber IOL with pupillary block & iris bombe`.**
- E) Anteriorly dislocated opaque lens.



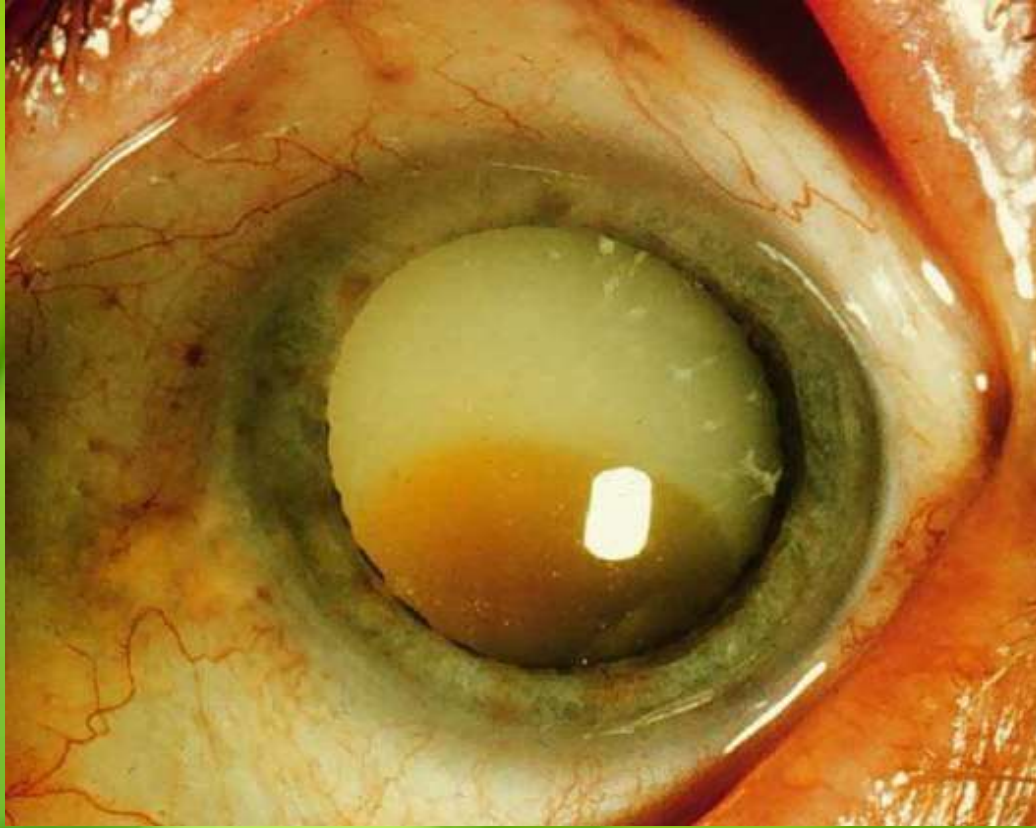
(51) The etiology of lens opacification in this case is mostly:

- A) Complicated.**
- B) Senile.**
- C) Developmental.**
- D) Difficult to know.**



**(52) This man sustained a blunt ocular trauma. The typical presentation would be:**

- A) Defective vision.**
- B) Headache.**
- C) Manifestations of corneal edema.**
- D) All of the above.**
- E) A & B.**



(53) This is the typical appearance of:

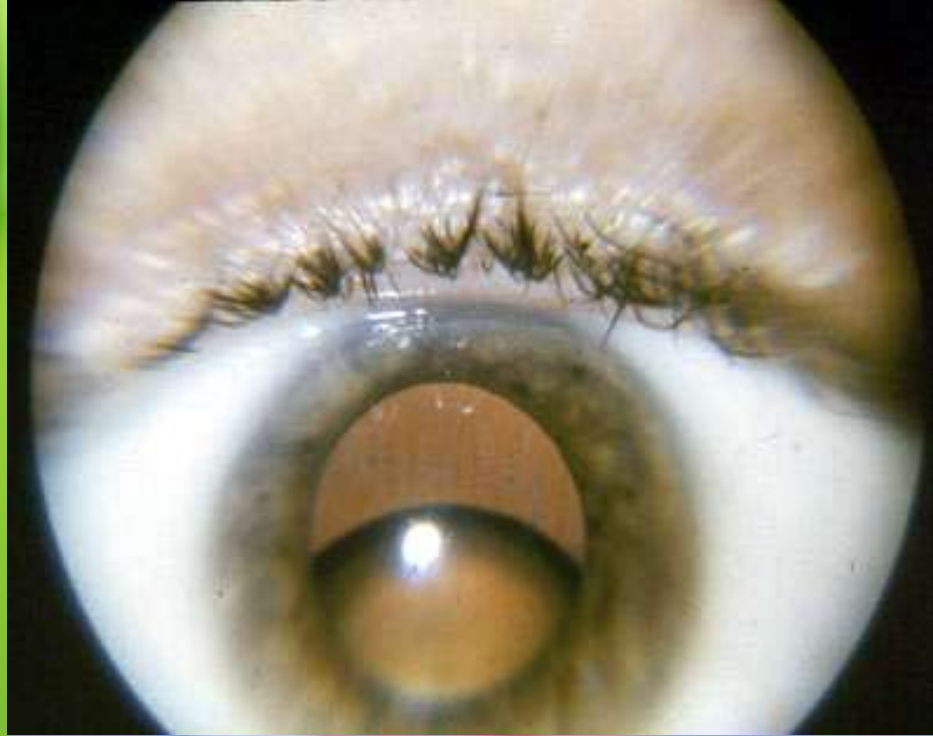
- A) Brown cataract.
- B) Morgagnian cataract.**
- C) Cortical cataract.
- D) Ordinary hypermature senile cataract.
- E) Incipient cataract.





(54) This lady with a history of a previous acute attack of angle closure glaucoma came to you for follow-up. What's the type of this lenticular opacification?.

- A) Anterior polar cataract.
- B) Glaucomflecken.**
- C) Posterior subcapsular cataract.
- D) Nuclear.
- E) Sutural.



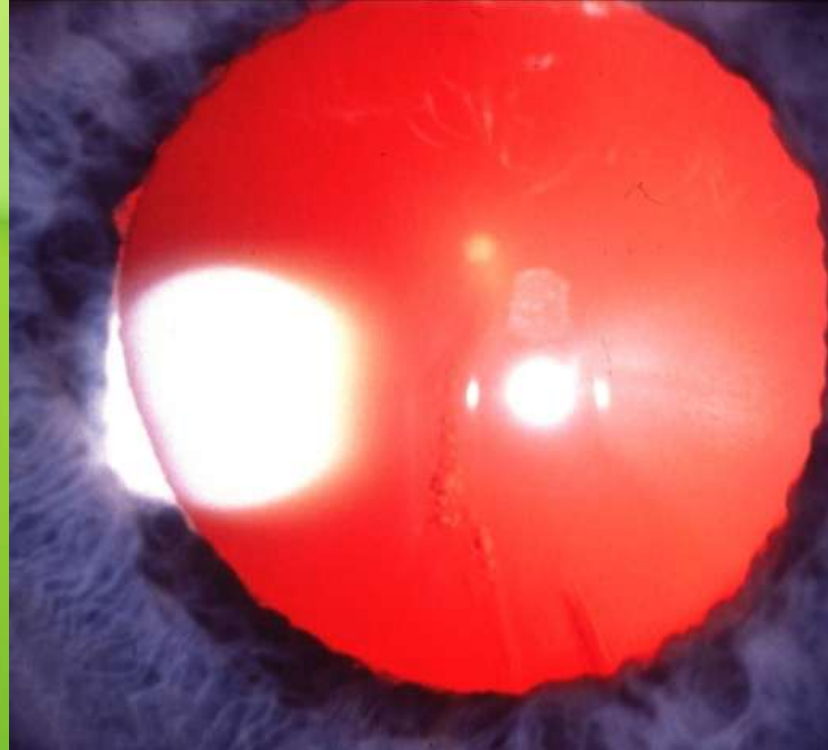
(41) This man has:

- A) Binocular diplopia.
- B) A normally placed lens.
- C) Unilateral diplopia.
- D) A subluxated crystalline lens.
- E) A & B.
- F) B & D.
- G) C & D.



(55) This old man had an IOP of 42 mmHg. This glaucoma is termed:

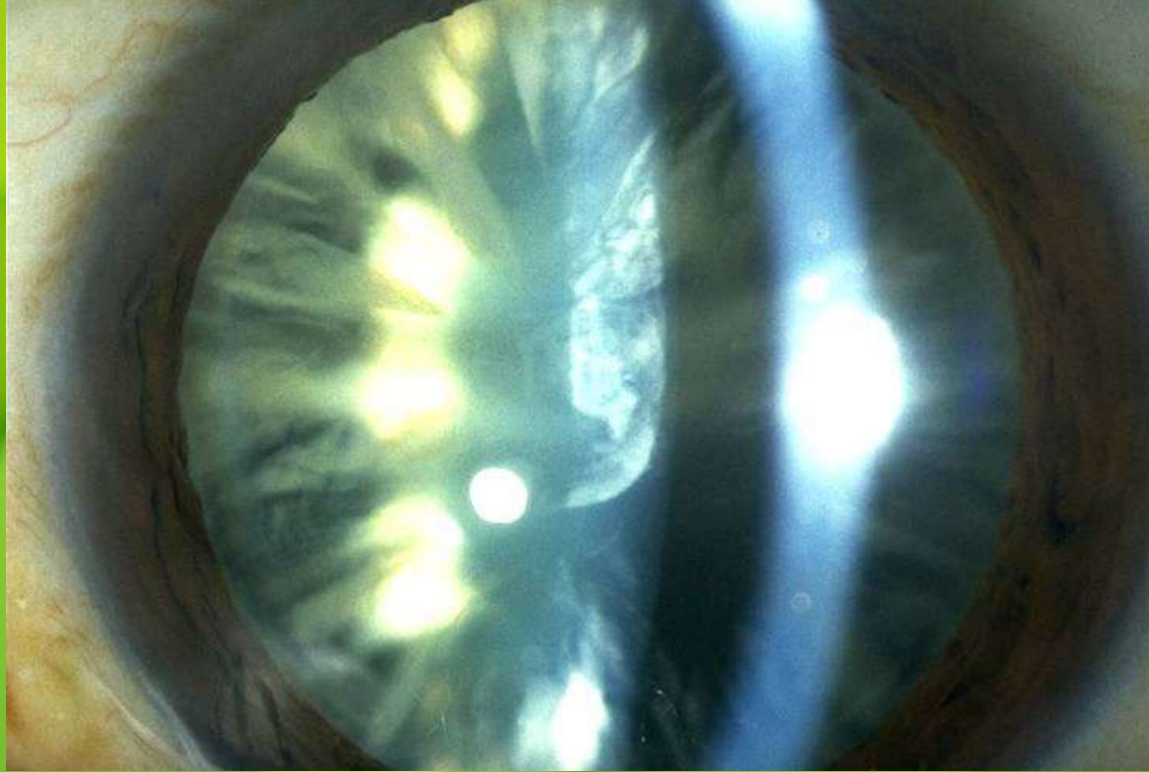
- A) Glaucoma capsulare.**
- B) Phacolytic.**
- C) Phacomorphic.**
- D) Neovascular.**
- E) Phacoanaphylactic.**



56) These lens changes are termed:

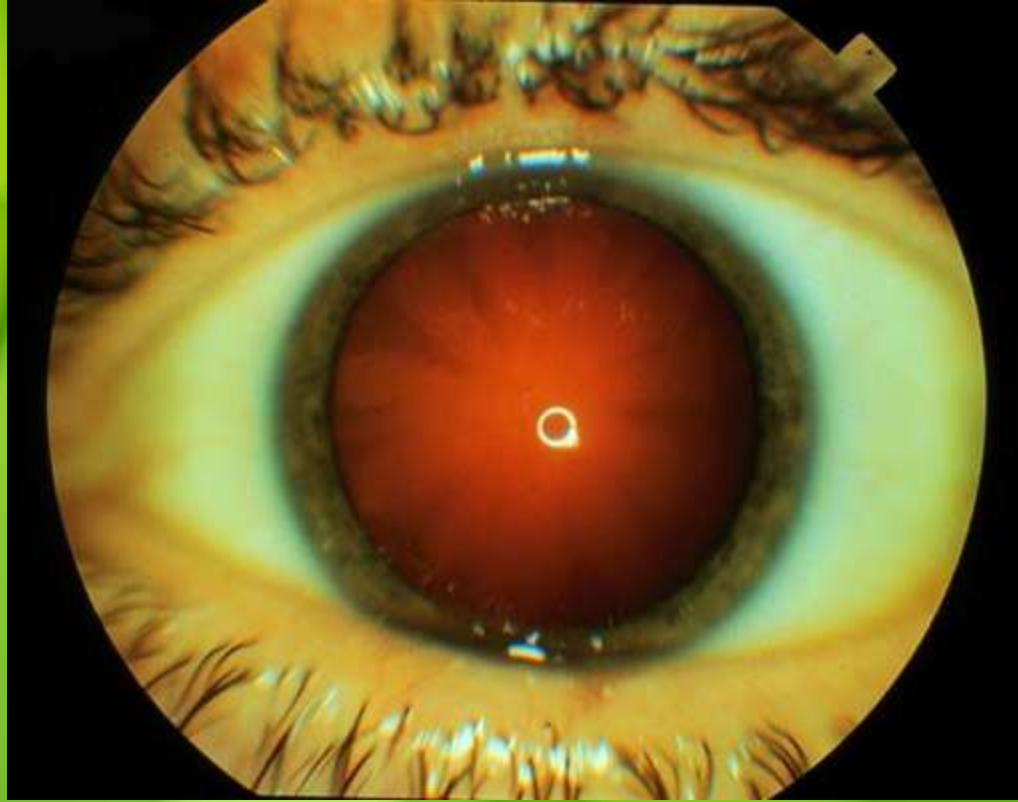
- A) Incipient cataract.**
- B) Typical cortical cataract.**
- C) Senile nuclear cataract.**
- D) Senile mature cataract.**
- E) Senile hypermature cataract.**





(57) This lenticular opacification is termed:

- A) Nuclear.
- B) Cortical.**
- C) Anterior capsular.
- D) Posterior subcapsular.
- F) None of the above.



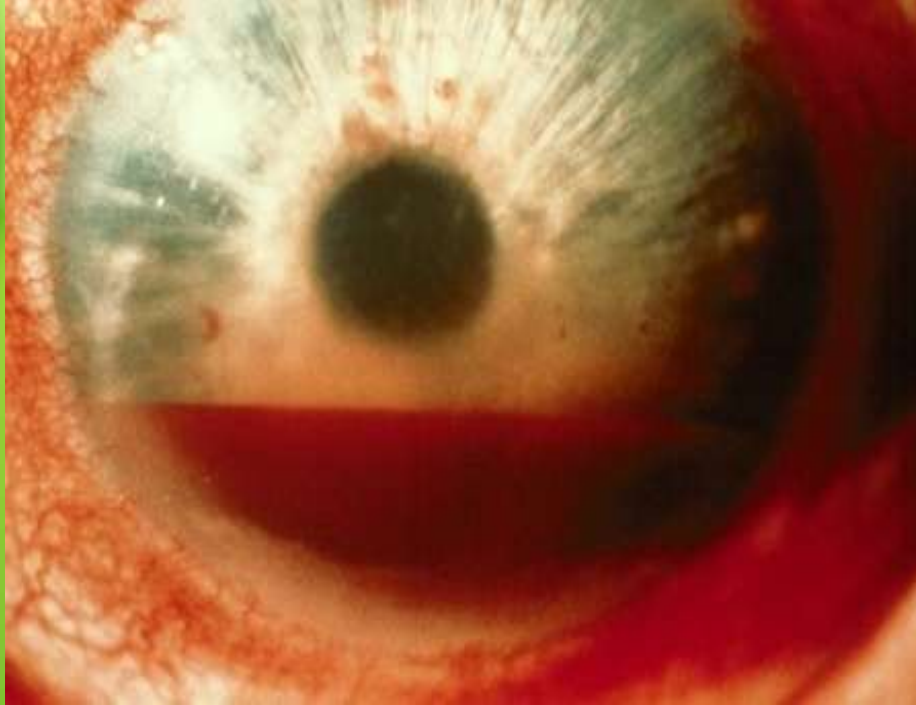
**(58) This red reflex is typical for:**

- A) Cortical cataract.**
- B) Cataracta nigra.**
- C) Posterior subcapsular cataract.**
- D) Anterior polar cataract.**
- E) Morgagnian cataract.**



**(36) Concerning the corneal thickness, this lady has:**

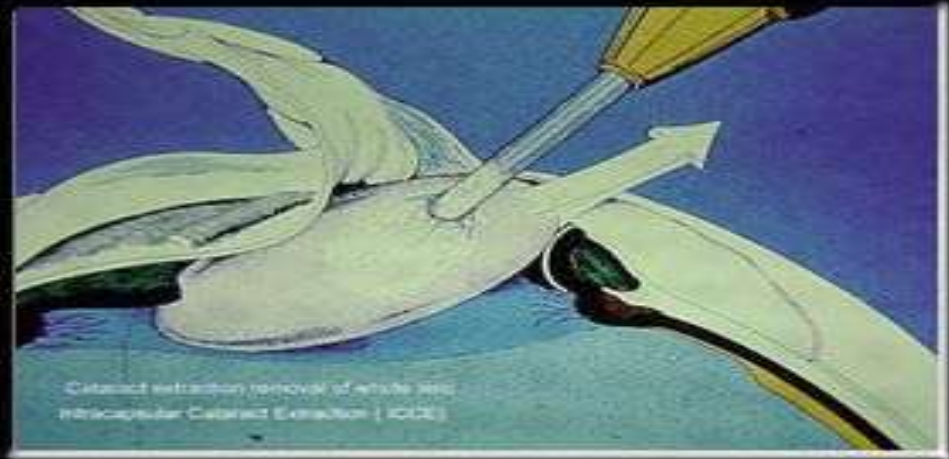
- A) A normal thickness all through.**
- B) A central corneal thinning.**
- C) A central corneal thickening.**
- D) A peripheral corneal thinning.**
- E) A peripheral corneal thickening.**



(1) Concerning this boy, all is true except:

- A) Has ciliary injection due to acute IOP elevation.
- B) Needs rest in the semisitting position.
- C) May need surgical intervention.
- D) He has hyphema.
- E) He has hypopyon.**





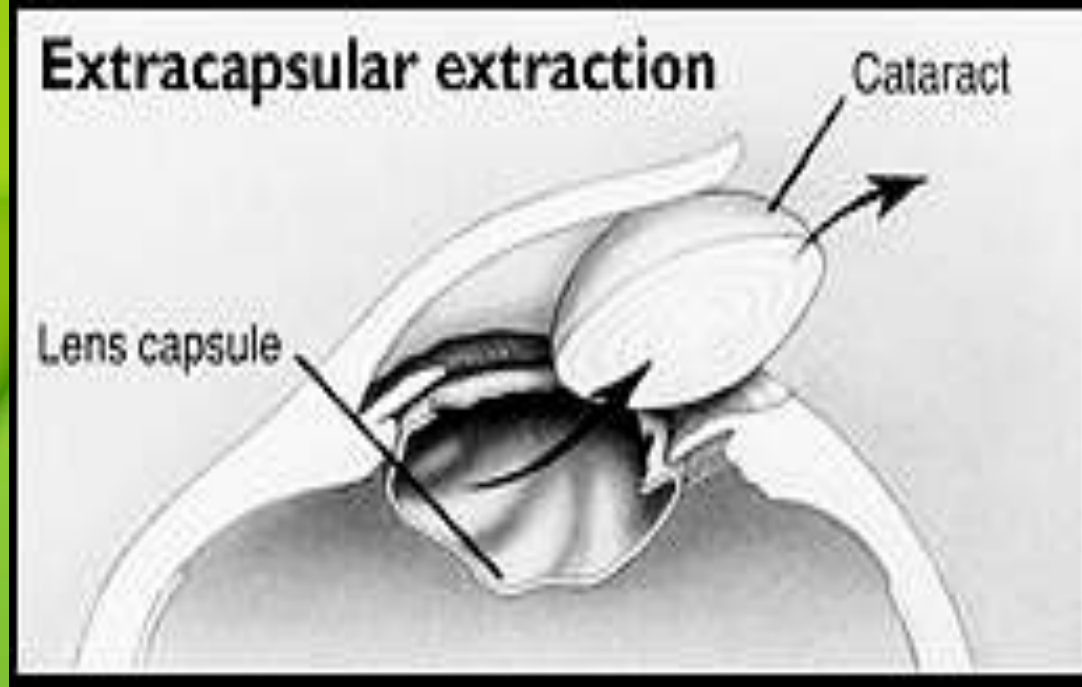
(60) This operation is ideal for treating:

- A) Zonular cataract in an infant.
- B) Subluxated cataractous lens.**
- C) Nuclear cataract in a pilot.
- D) Traumatic cataract with ruptured capsule.
- E) None of the above.



**(3) This engineer sustained absolute NaOH ocular trauma. Which would be inappropriate?**

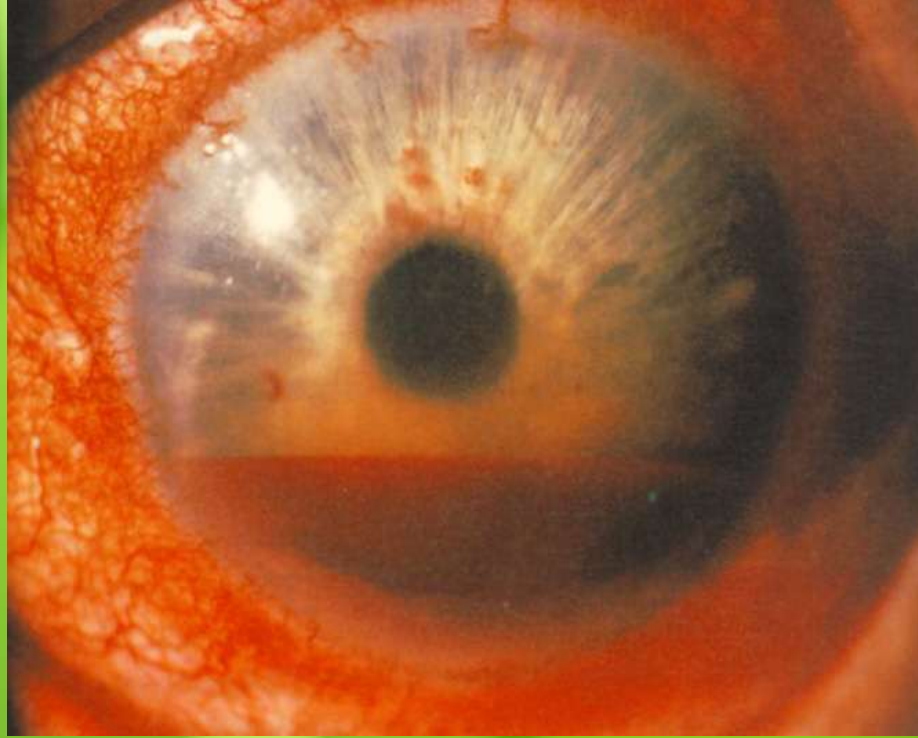
- A) Washing the eye with dilute acetic acid.**
- B) Copious irrigation with saline.**
- C) Topical steroids to control inflammation.**
- D) Ascorbic acid in high concentrations.**
- E) Cyclopentolate for the associated iritis.**



62) Compared with ICCE, this operation has the following advantages except:

- A) Less incidence of vitreous loss.
- B) Ability to implant a posterior chamber lens.
- C) Less surgically-induced astigmatism.
- D) No need for the operating microscope.
- E) Less incidence of cystoid macular edema.





(4) Regarding this patient, all is true except:

- A) The facility of aqueous outflow is decreased.
- B) Has a ciliary injection due to acute IOP elevation.
- C) May require irrigation/aspiration of the A.Ch. blood.
- D) Is termed hypopyon.**
- E) May be caused by trauma.
- F) May complicate rubeosis irides.





(63) This man had undergone cataract extraction & 1 day later, he developed severe ocular pain & marked diminution of vision. On exam., VA was HMGP, severe chemosis & yellow fundus reflex were detected. The provisional diagnosis is:

- A) Acute dacryoadenitis.
- B) Acute postoperative endophthalmitis.**
- C) Acute dacryocystitis.
- D) Typical hypopyon corneal ulcer.
- E) None of the above.



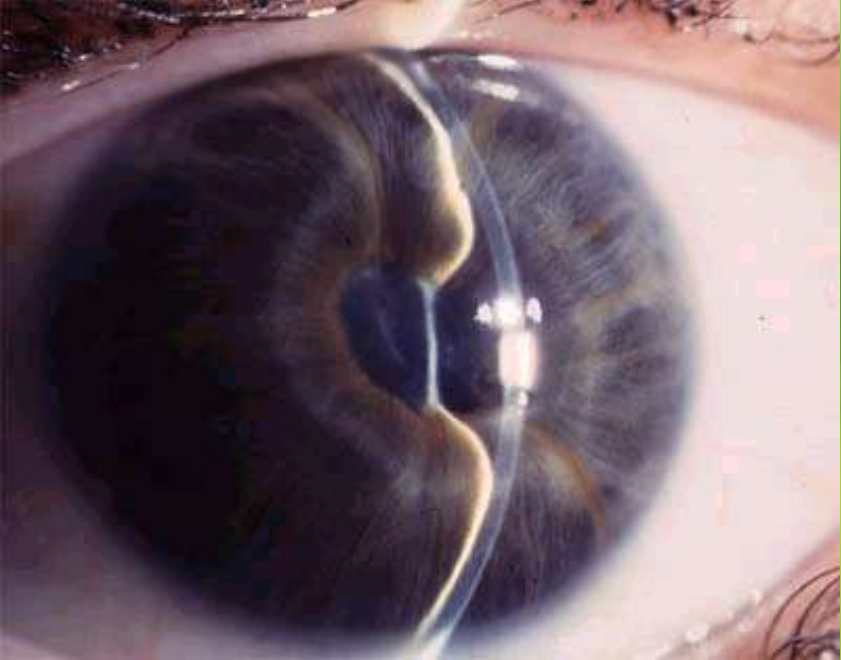
**(64) This 38 years old diabetic has:**

- A) A snowflake posterior & anterior lens opacities.**
- B) A glaucomflecken.**
- C) A rosette-shaped cataract.**
- D) A hypermature cataract.**
- E) A nuclear cataract.**



(65) This 55 years old lady presented with severe ocular headache, marked diminution of vision & vomiting. She was admitted to hospital, given an intravenous fluid & many topical eye drops. Her pain & headache improved & she refused any intervention & came after 2 months with:

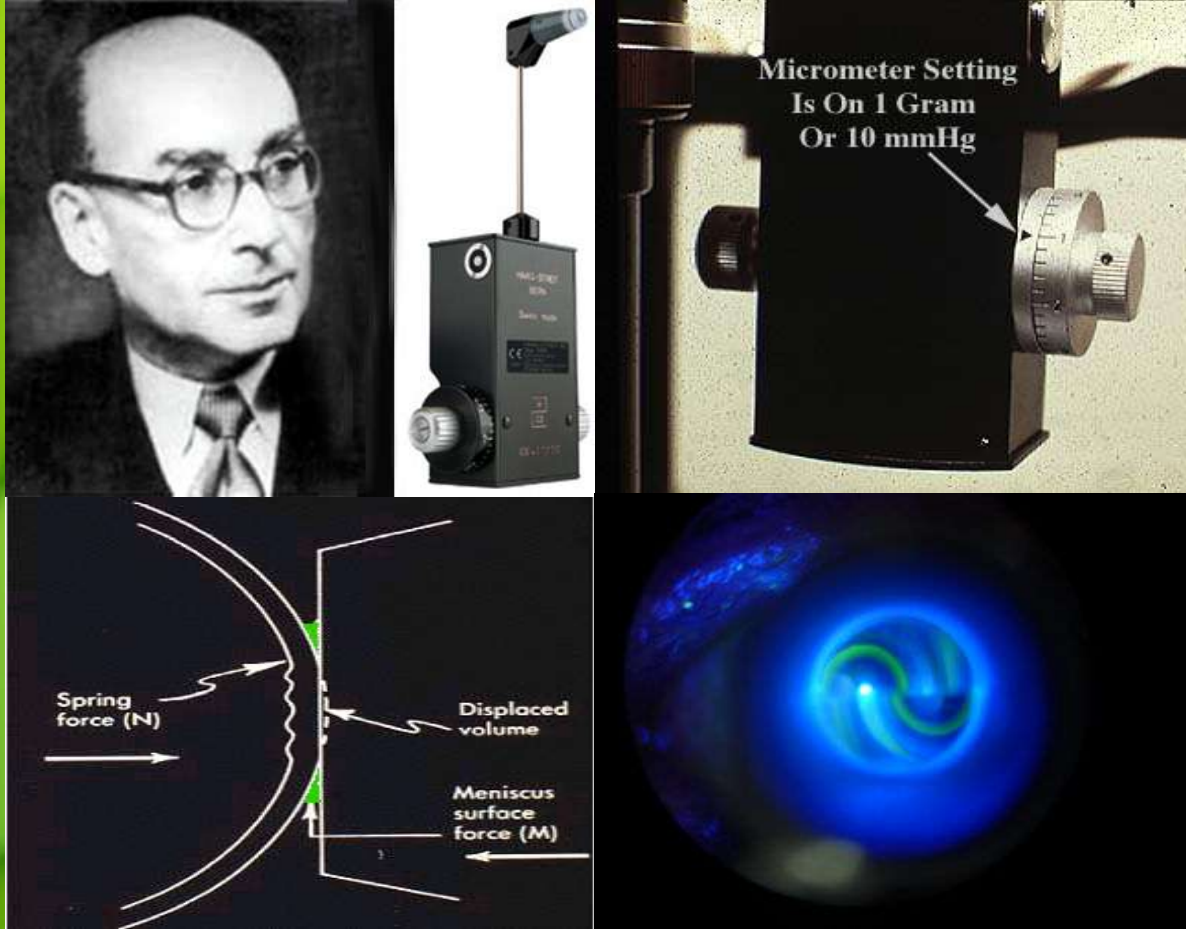
- A) A rosette-shaped cataract.
- B) A glaucomflecken.**
- C) An anterior polar cataract.
- D) A posterior polar cataract.
- F) An entirely clear crystalline lens.



(3) Concerning these irides, all of the following is present except:

- A) A normal contour.
- B) Ring synechia.
- C) Iris bombe`.
- D) Irregular A.Ch. Depth.
- E) 2ry angle closure glaucoma.





13) This procedure is helpful in diagnosing:

- A) Acute congestive glaucoma.
- B) Acute anterior uveitis.
- C) Zonular cataract.
- D) Hypopyon corneal ulcer.
- E) Dendritic corneal ulcer.

## YAG Laser Capsulotomy



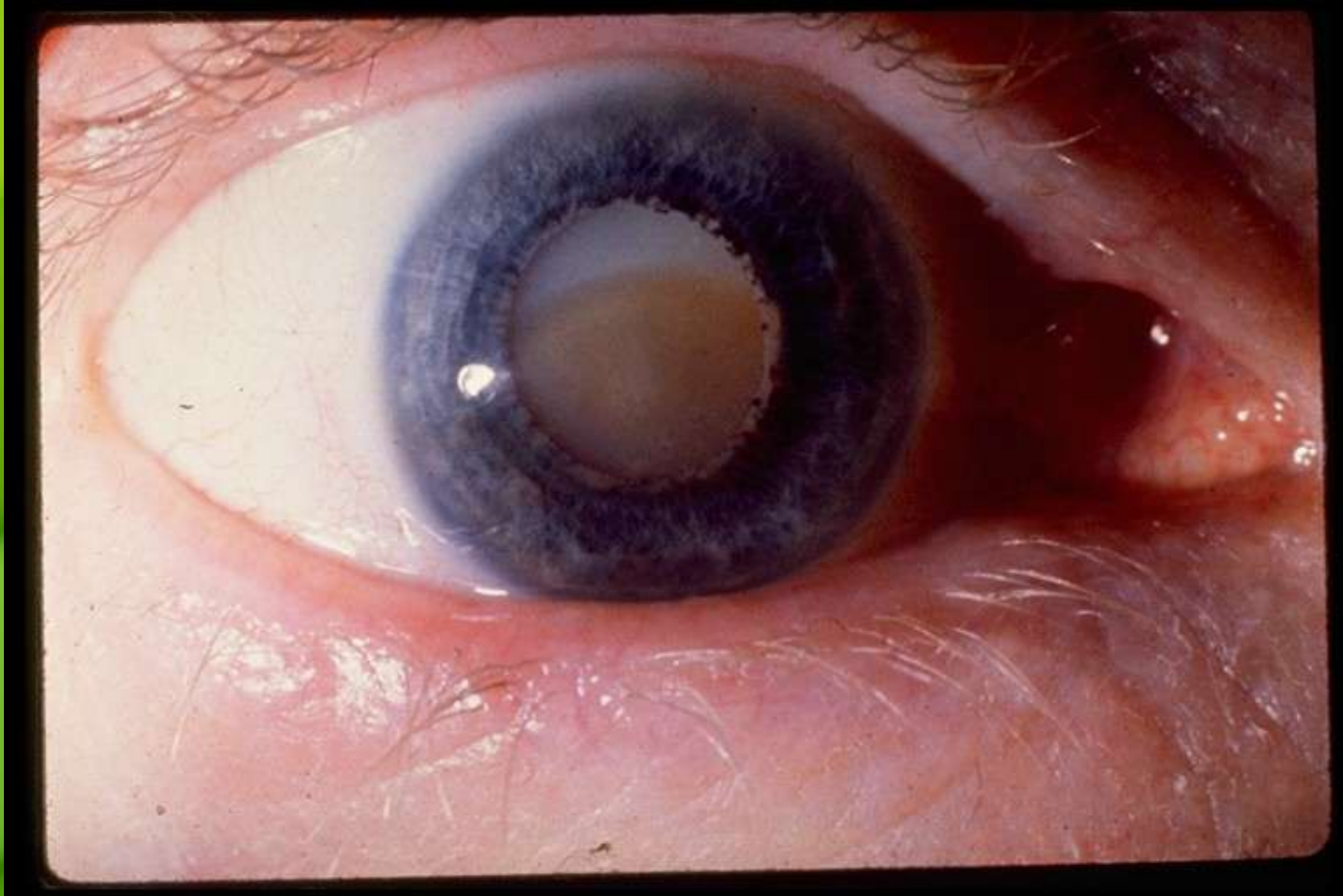
(66) This type of laser therapy:

- A) Can be used to treat capsular opacifications or after cataracts.
- B) Structures in front of or behind the capsule are unaffected.
- C) May be also used to create an iris opening.
- D) Is delivered via a slitlamp.
- E) All of the above.



(68) As concerns this device, all is true except:

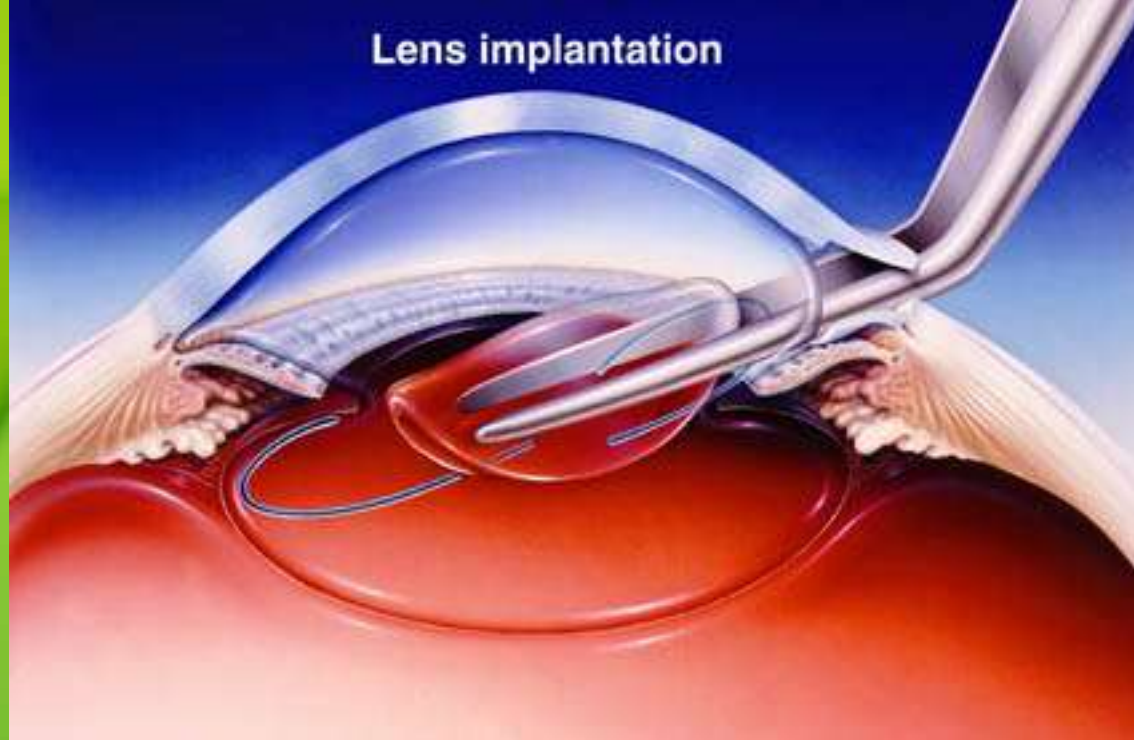
- A) Considered the best optical rehabilitative form of aphakia.
- B) Implanted in front of the iris.**
- C) Left indefinitely inside the eye.
- D) The best location to implant is inside the capsular bag.
- E) Foldable varieties are available.



(69) Visual diminution in this 82 years old man would have lasted as long as:

- A) 10 years.
- B) 10 months.
- C) 10 days.
- D) 10 hours.
- E) I can not determine.





(71) This implant is used in:

- A) ICCE.
- B) ECCE.
- C) Phacoemulsification.**
- D) Subscleral trabeculectomy.
- E) Penetrating keratoplasty (PK).



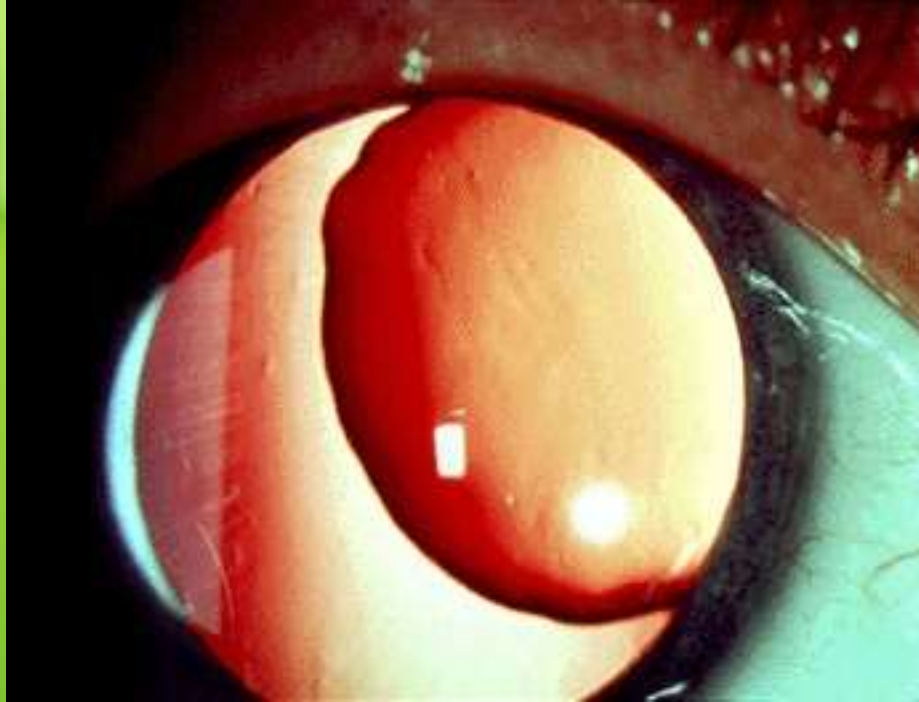
(31) Concerning this instrument, all is true except:

- A) Helpful for red reflex examination.
- B) Fundus magnification is about 15 times.
- C) Gives an inverted fundus image.
- D) Gives a stereoscopic fundus image.
- E) B & C.
- F) C & D.



**(3) This physician is practising:**

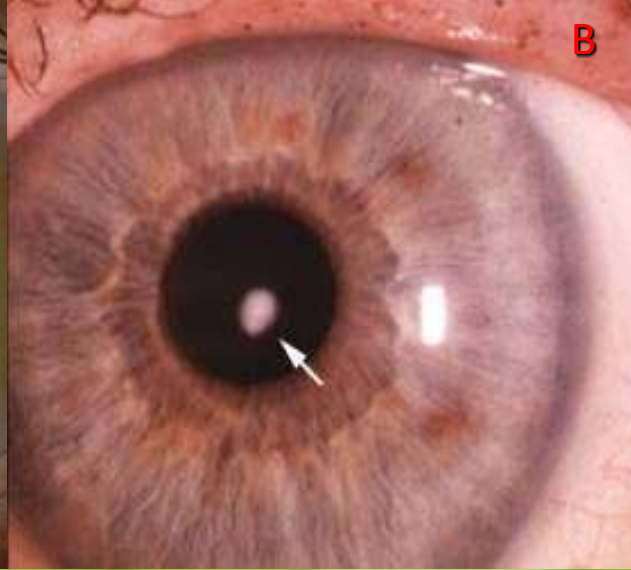
- A) Retinoscopy.**
- B) Direct ophthalmoscopy.**
- C) Tonometry.**
- D) Indirect ophthalmoscopy.**
- E) Fluorescein angiography.**



**(72) Visual impairment in this lady is due to:**

- A) Curvature myopia.**
- B) Index myopia.**
- C) Unilateral diplopia.**
- D) Astigmatic changes.**
- E) All of the above.**
- F) A & C.**
- G) A, C & D.**



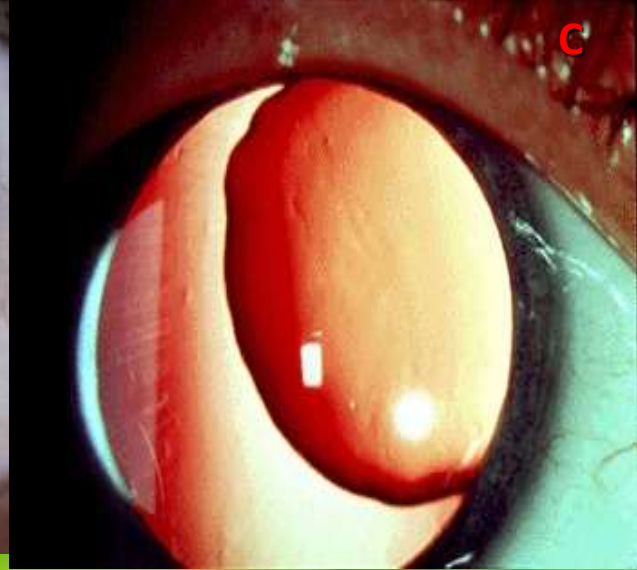
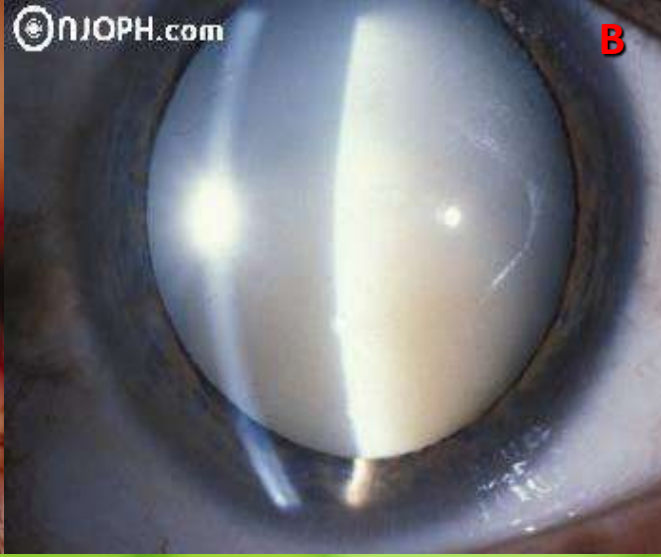


**73) Lens extraction is highly indicated in which condition ?**

**A) A •**

**B) B •**

**C) C •**



**(74) Lens extraction is more highly indicated in which condition ?**

**A) C.**

**B) B.**

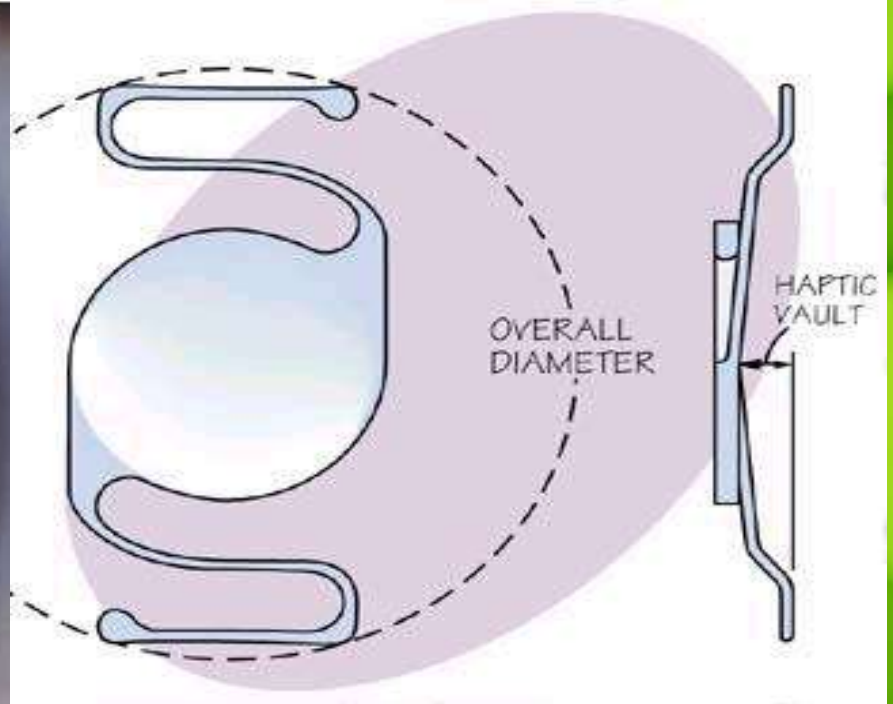
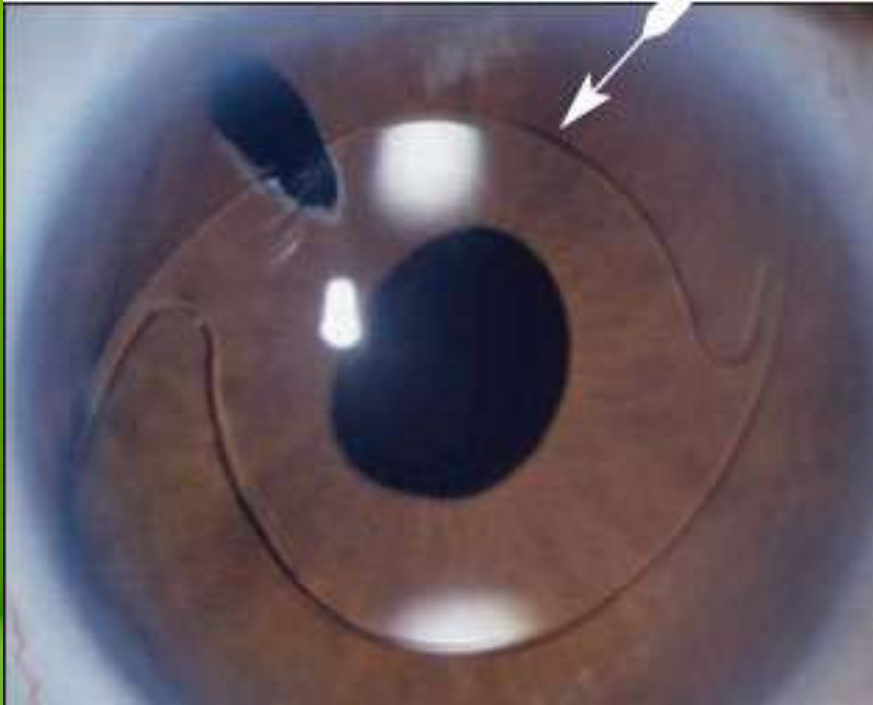
**C) A.**



**(9) This well-known thyrotoxic lady has:**

- A) A staring look.**
- B) A unilateral lid retraction.**
- C) A bilateral proptosis.**
- D) A bilateral lid retraction.**
- E) A unilateral proptosis.**
- F) A high need to corneal protection by night.**
- G) A, C, D & E.**
- H) A, B, E & F.**

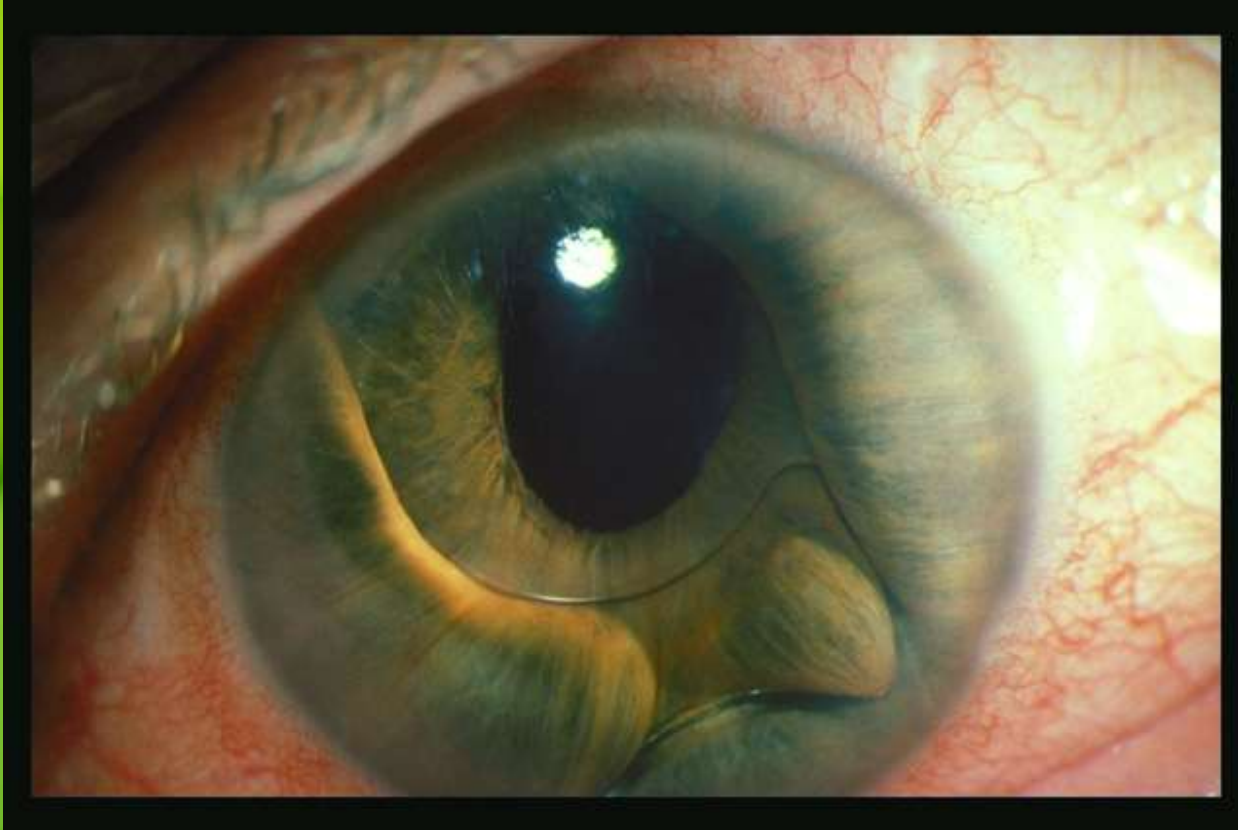




(75) This peripheral iridectomy (PI) serves to:

- A) Prevent postoperative IOP elevation.**
- B) Aid night vision.**
- C) Guide aqueous humor subconjunctivally.**
- D) Dilate the pupil.**
- E) None of the above.**





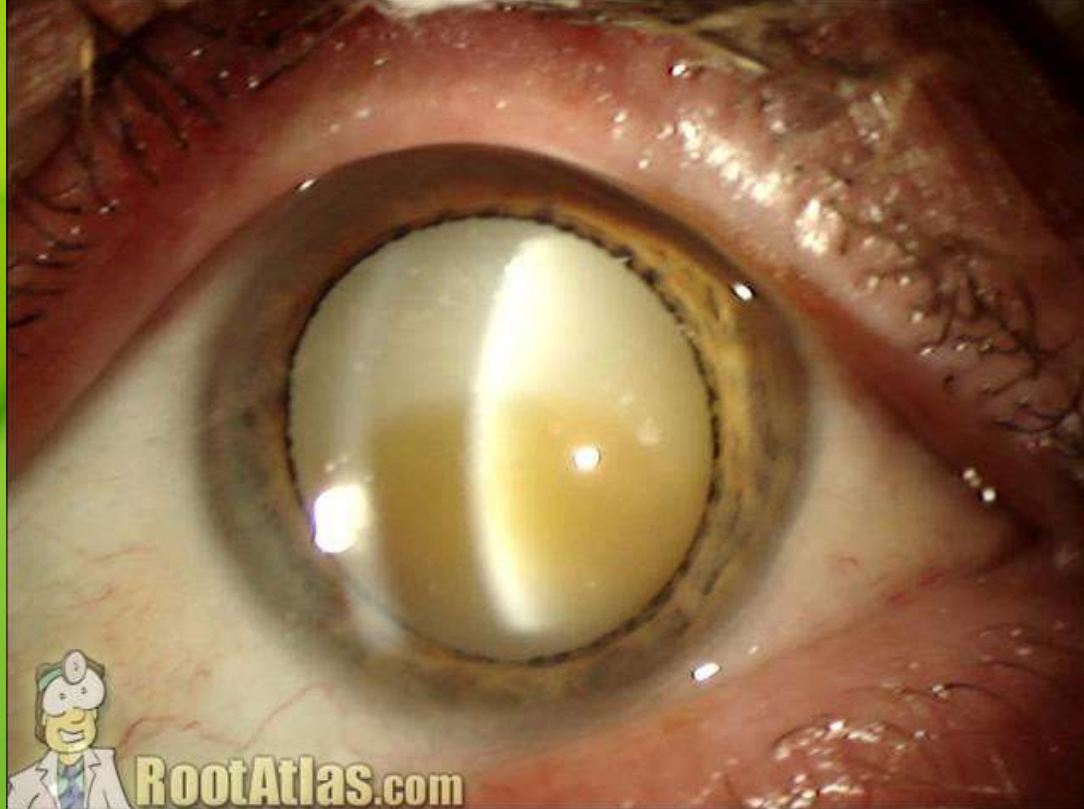
(76) The expected IOP value in this patient is:

- A) 5 mmHg.
- B) 11 mmHg.
- C) 21 mmHg.
- D) 42 mmHg.**
- E) None of the above.



(77) Which is not a definite risk to elective cataract extraction in the presented cases?

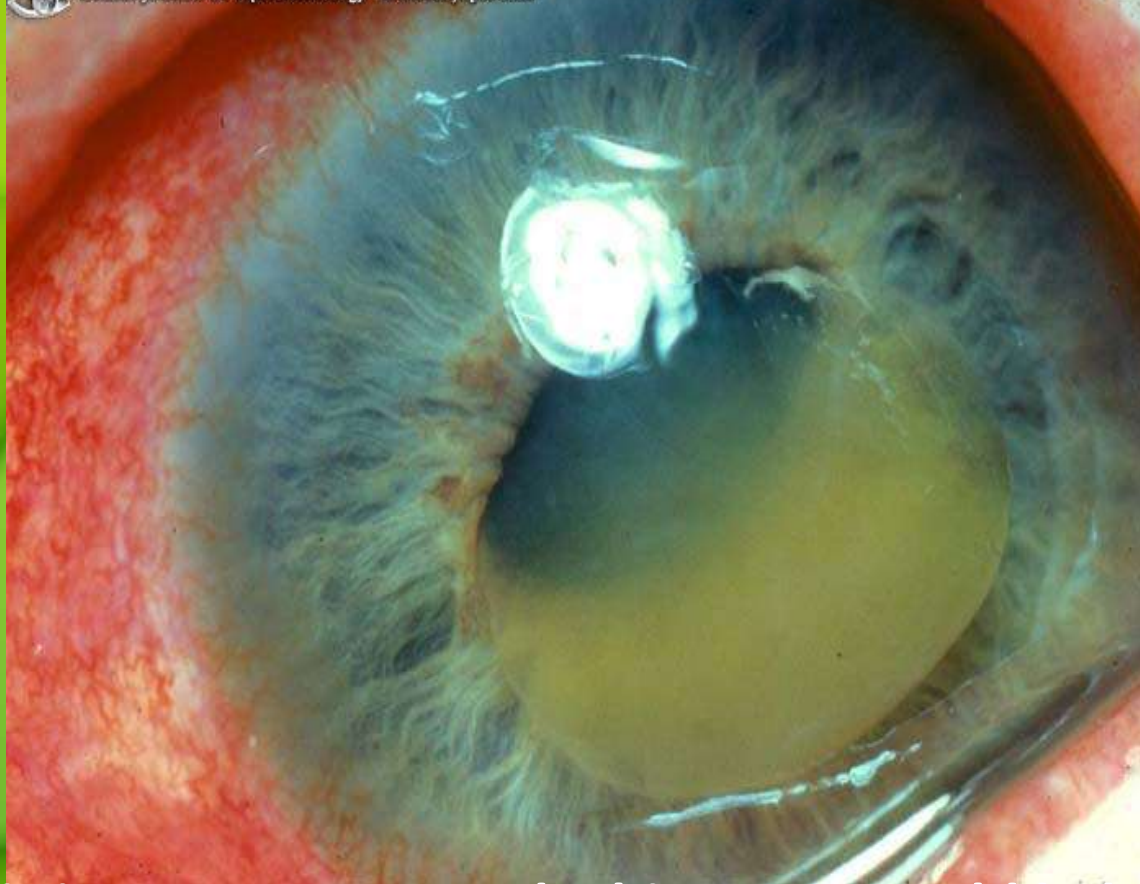
- A) Dental caries.
- B) Systemic blood pressure of 180/120 mmHg.
- C) Dacryocystitis with positive regurge.
- D) An ordinary chalazion.
- E) Acute bronchitis.



(78) Which is not a definite complication of this type of cataract in this 77 years old lady?

- A) Stimulus-deprivation amblyopia.
- B) Lens subluxation.
- C) Anterior lens dislocation.
- D) Elevated IOP.
- E) Posterior lens dislocation.

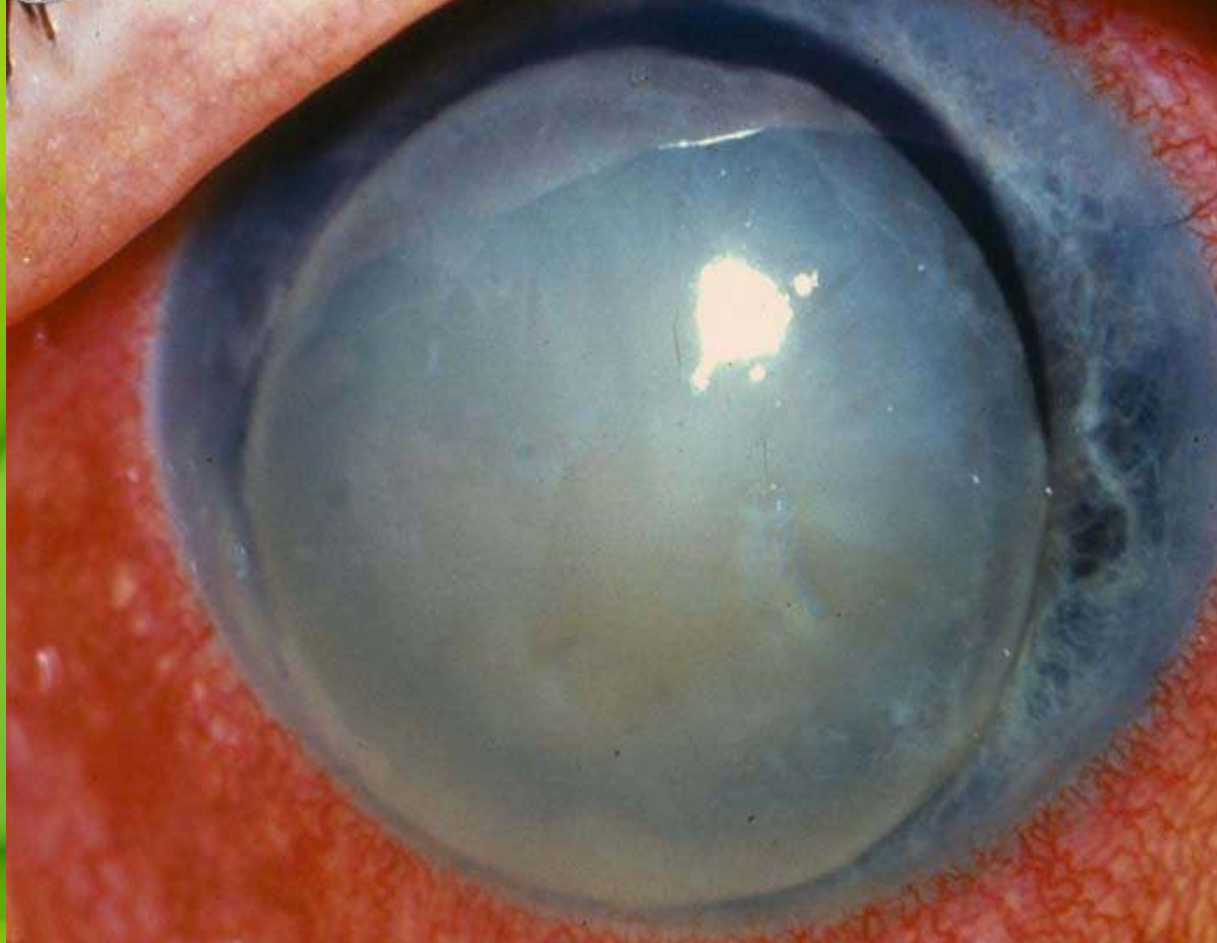




(79) Which is incorrect as regards this 55 years old lady?

- A) Cyclopentolate could relieve the perilimbal redness.
- B) IOP is expected to be  $> 40$  mmHg.
- C) Pupillary diameter has no relation to IOP.**
- D) Pilocarpine would worsen the condition.
- E) B & C.
- F) C & D.





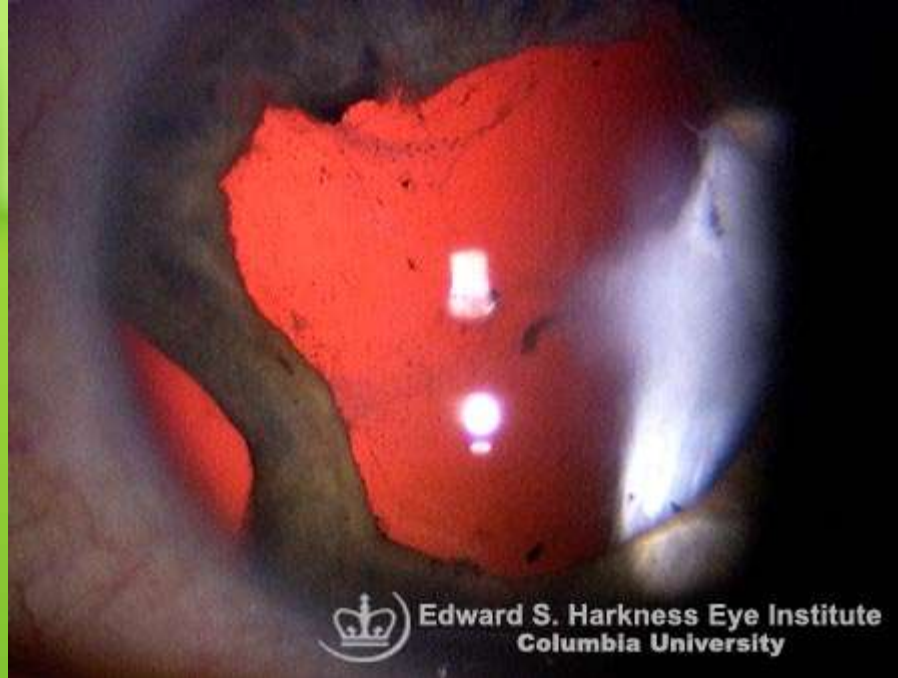
(80) Which is untrue regarding this man?

- A) Lens position could vary according to posture.
- B) The lens is completely opaque.
- C) Surgical intervention is definitely indicated.
- D) The lens is flattened.**
- E) A blow by a stone could be the cause.



(45) This 82 years old lady is liable to:

- A) 2ry open angle glaucoma.
- B) Spontaneous lens dislocation.
- C) Spontaneous lens subluxation.
- D) All of the above.**
- E) None of the above.



(2) The expected complaint in this patient would be:

- A) Metamorphopsia.
- B) Diminution of vision.
- C) Unilateral diplopia.**
- D) Binocular diplopia.
- E) None of the above.



(1) All these investigations may be needed here except:

- A) Fasting blood sugar.**
- B) T3 & T4.**
- C) TSH.**
- D) CT orbit.**
- E) Ophthalmic ultrasound.**





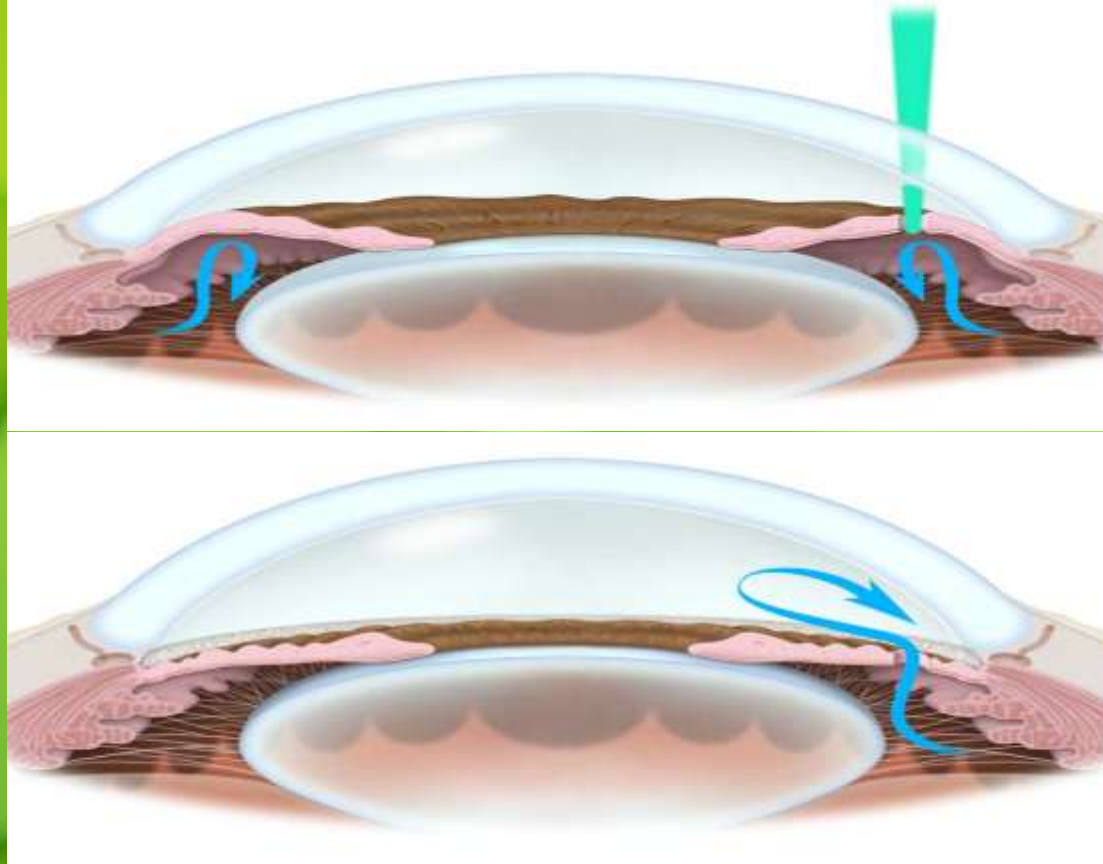
**(11) This manoeuvre is used to treat:**

- A) Congenital cataract.**
- B) Primary congenital glaucoma (buphthalmos).**
- C) Congenital entropion.**
- D) Ophthalmia neonatorum.**
- E) None of the above.**



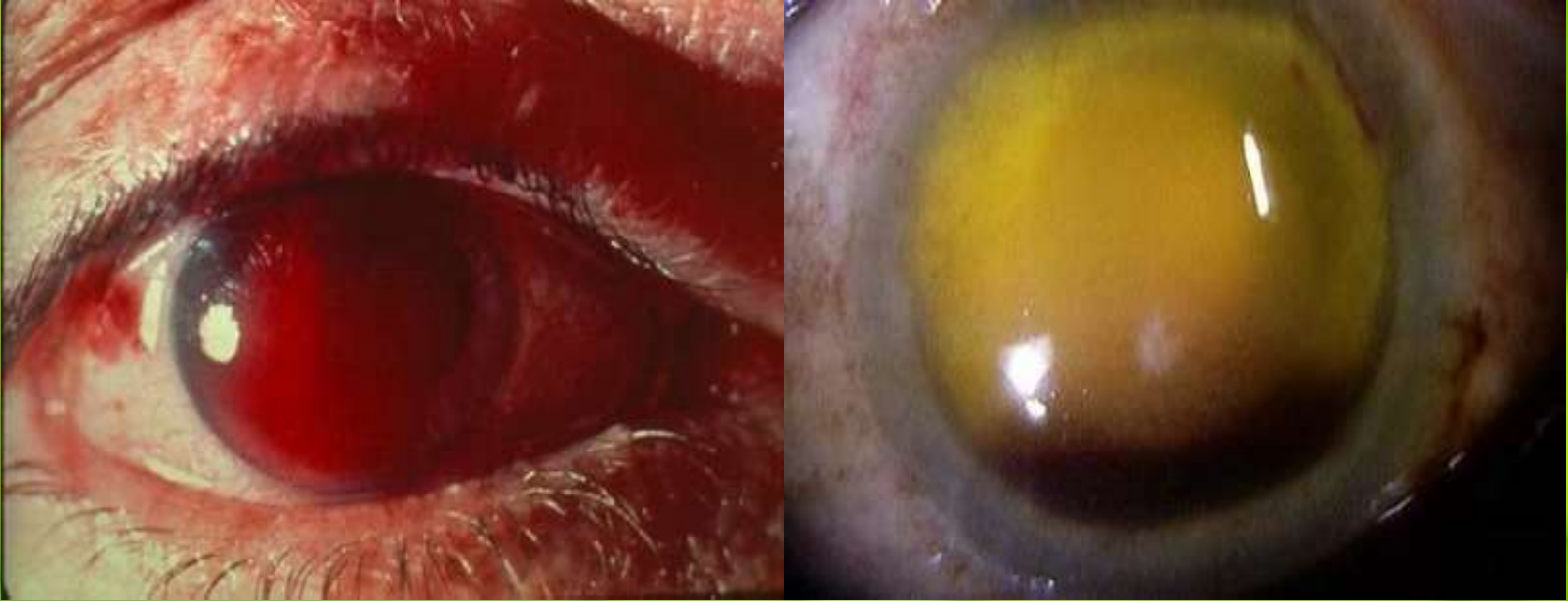
**(26) This anterior chamber depth is considered:**

- A) Shallow.**
- B) Deep.**
- C) Irregular.**
- D) Normal.**
- E) Difficult to determine.**



(12) All is true regarding this laser procedure except:

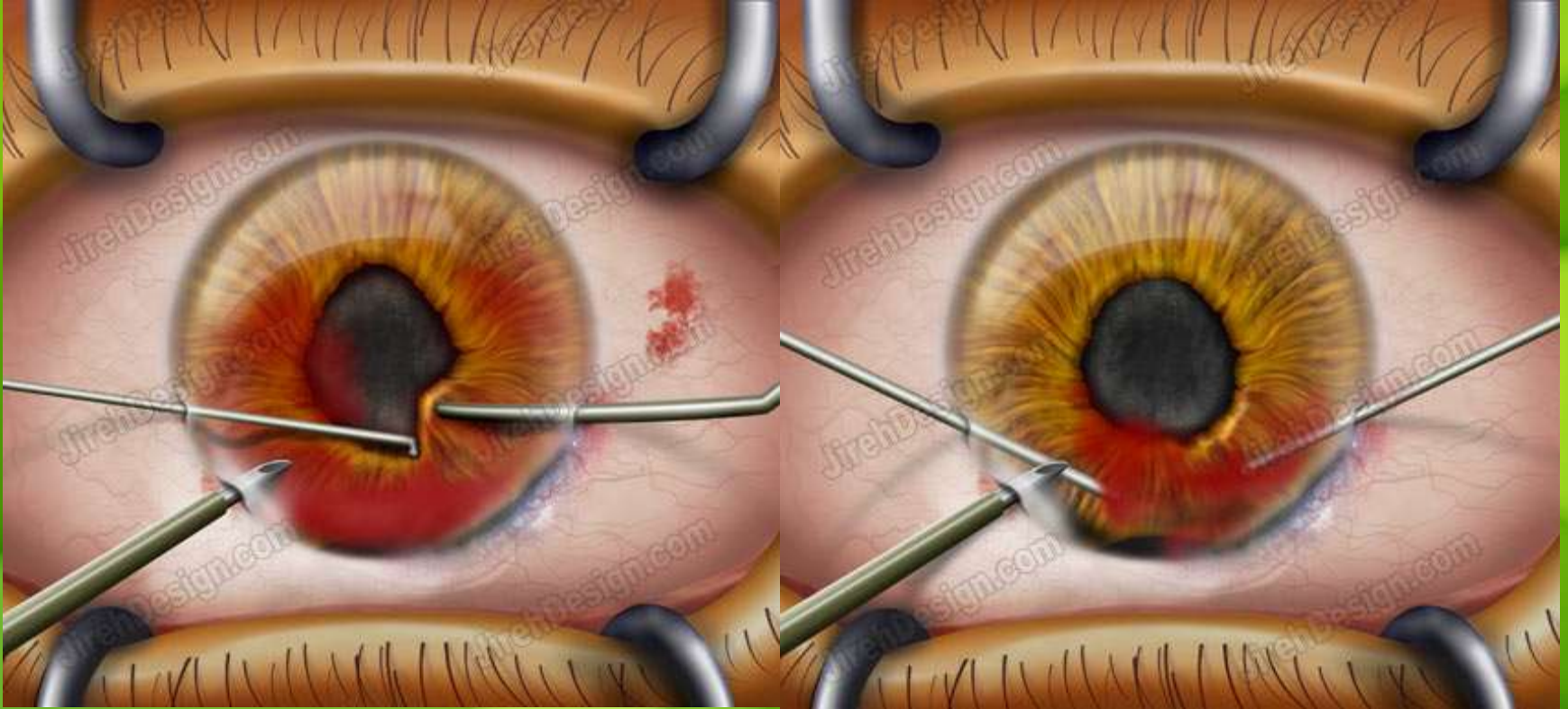
- A) Can treat pupillary block.
- B) useful in fellow eyes of acute angle closure glaucoma.
- C) Can treat primary open angle glaucoma.**
- D) Laser is best applied to an iris crypt.
- E) YAG laser is the preferred one.



(5) This boy has undergone a blunt ocular trauma. Mention the name of the complication identified on the right side?

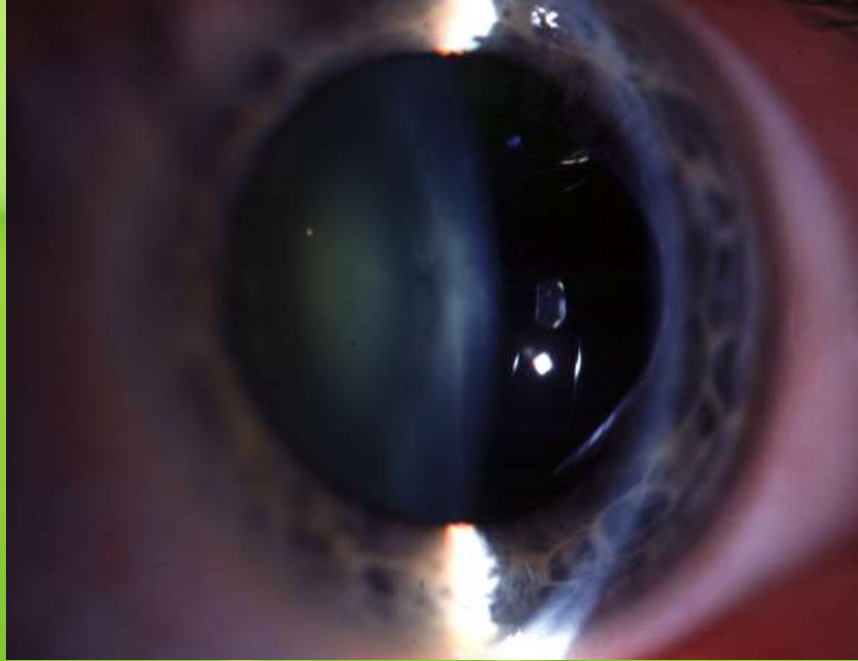
- A) Blood staining of the cornea.**
- B) Irididodialysis.**
- C) Total hypopyon.**
- D) Keratomycosis.**
- E) Anterior lens dislocation.**





**(7) Following a blunt ocular trauma, this operation is helpful in:**

- A) Clearing the visual axis.**
- B) Lowering IOP.**
- C) Preventing blood staining of the cornea.**
- D) Preventing stimulus deprivation amblyopia .**
- E) All of the above.**



**(27) Regarding this type of lenticular opacification, which is true?**

- A) Causes increasing myopia.**
- B) Leads to defective vision more by 22 o'clock .**
- C) Has increased liability to 2ry glaucoma.**
- D) There is increasing discomfort over the ciliary body region.**
- E) A&C.**



(8) which is not a recognizable complication of this condition?

A) Stimulus-deprivation amblyopia.

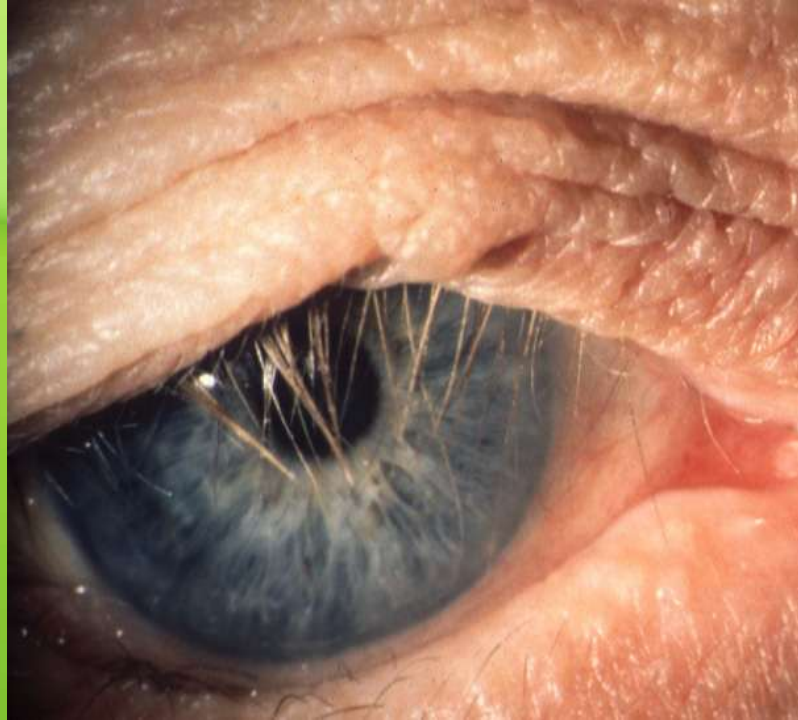
**B) Hypopyon.**

C) 2ry open angle glaucoma.

D) 2ry closed angle glaucoma.

E) Blood staining of the cornea.

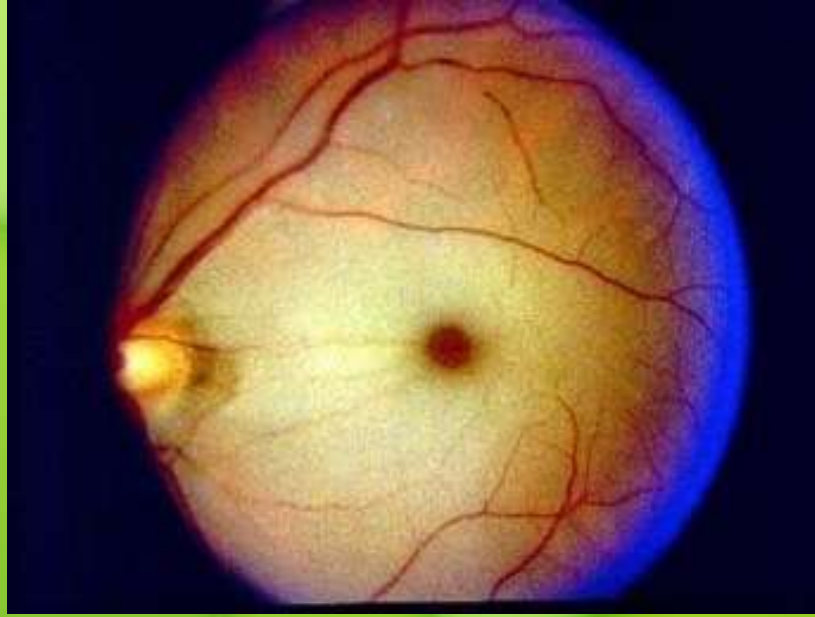




(20) Regarding the upper lid margin disease:

- A) Skin disease may be the cause.
- B) Pain is never a presenting feature.
- C) Excessive lacrimation is typical.
- D) Ciliary injection is typical.
- E) B&D.
- F) A&D.
- G) C&D.**





**(33) Which is untrue regarding this patient?**

- A) Has a good visual acuity.**
- B) Has a macular cherry-red spot.**
- C) Can get consecutive optic atrophy.**
- D) May occur in cases with atrial fibrillation(AF).**
- E) Has a very poor prognosis with delayed treatment.**



(8) The provisional diagnosis in this boy is:

- A) Acute dacryocystitis.
- B) Acute dacryoadenitis.**
- C) Orbital cellulitis.
- D) Hordeolum externum.
- E) Difficult to tell.



(15) This boy has:

- A) An internal angular dermoid cyst.
- B) An external angular dermoid cyst.**
- C) A hordeolum externum.
- D) A hordeolum internum.
- E) None of the above.



(21) Concerning this young girl:

- A) There's anomalous association between the 3<sup>rd</sup> & 5<sup>th</sup> cranial nerves. •
- B) There's anomalous association between the 3<sup>rd</sup> & 7<sup>th</sup> cranial nerves. •
- C) Lid retraction may occur with mouth opening. •
- D) Lid retraction may occur with side jaw movements. •
- E) A,C&D. •
- F) B&C. •
- G) B,C&D. •





(22) This young boy :

- A) Needs surgery in the first year of life.**
- B) Needs surgery by the 5<sup>th</sup> year of life.**
- C) Needs no surgery at all.**
- D) Medical treatment may be helpful.**
- E) The frontalis muscle is typically underacting.**



(23) The most likely etiology of this condition in this particular patient is:

- A) Trauma.
- B) Spasm of the muscle of Riolan.
- C) Ageing.**
- D) Dominant inheritance.
- E) Increased upper lid weight.



**(19) This macular appearance may be due to all except:**

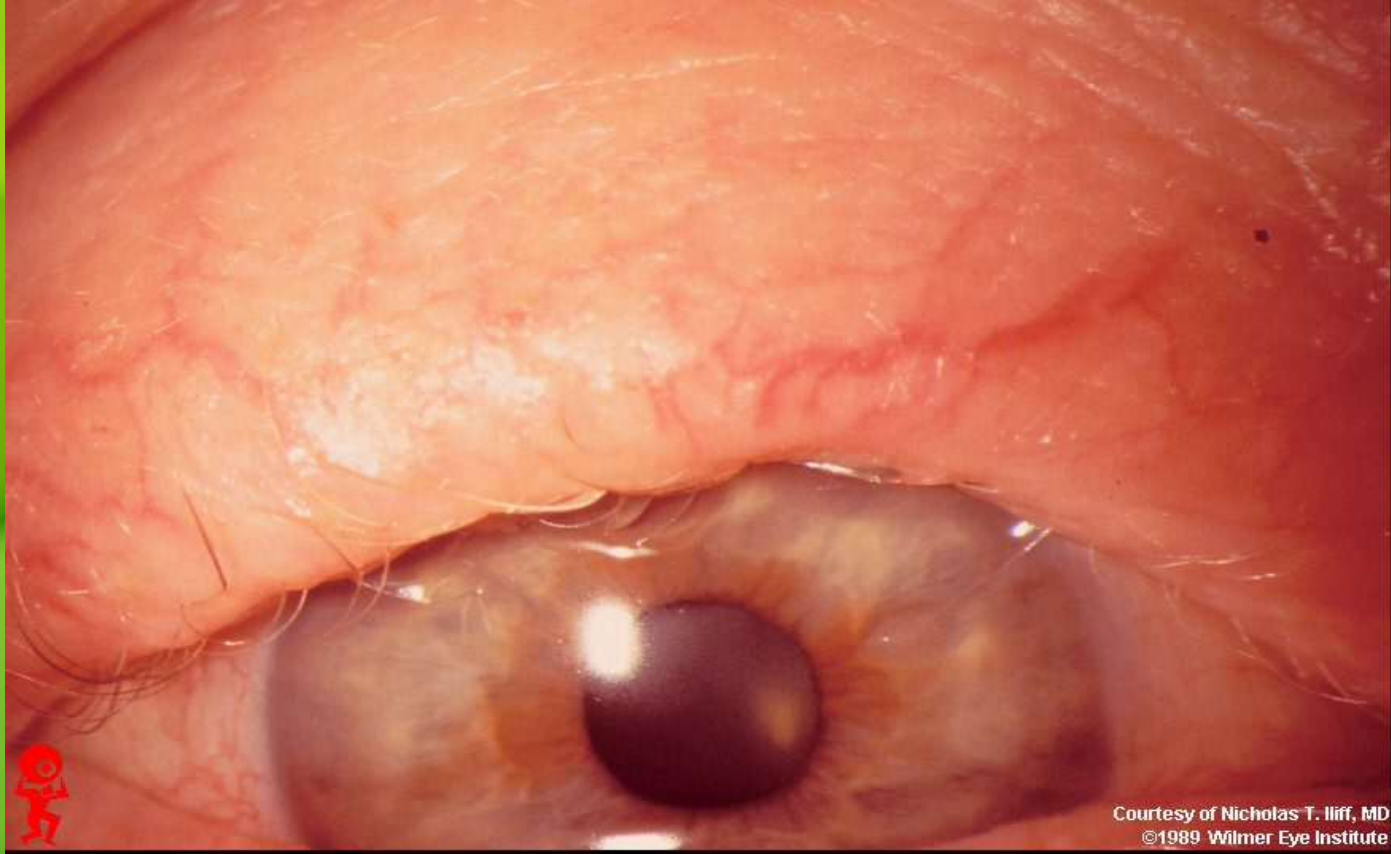
- A) Papilledema.**
- B) Neuroretinitis.**
- C) Hypertensive retinopathy.**
- D) Diabetic retinopathy.**
- E) Congenital syphilis.**



(24) The clinical diagnosis of the upper lid disease here is:

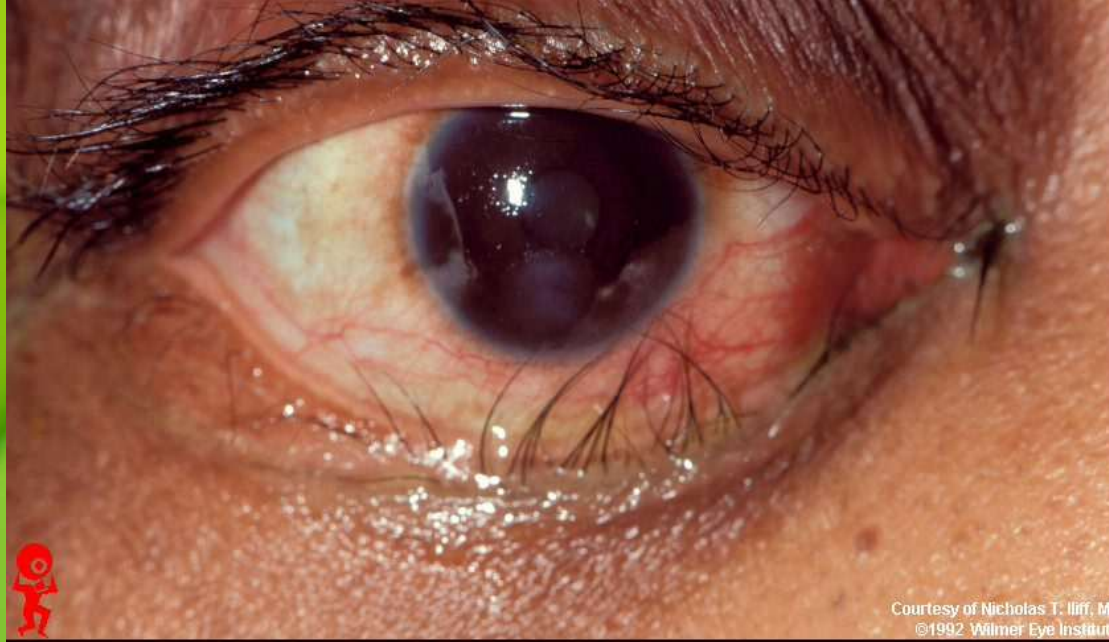
- A) Mechanical ptosis.**
- B) Cicatricial entropion.**
- C) Cicatricial ectropion.**
- D) Lagophthalmos.**
- E) Trichiasis.**





(25) The following could not be caused by:

- A) Diphtheria.
- B) Trachoma.
- C) Spring catarrh.
- D) A surgery.
- E) Lime.



(27) Regarding the lower eyelid margin, this patient suffers from:

- A) Cicatricial entropion.
- B) Cicatricial ectropion.
- C) Trichiasis.
- D) Rubbing lashes.
- E) Ptylosis.



(44) The commonest organism that can produce such a lid margin appearance is:

- A) Staph. aureus.**
- B) Streptococci.
- C) Pneumococci.
- D) Actinomyces israeli.
- E) Aspergillus fumigatus.
- F) Herpes simplex virus.





(42) The commonest organism to cause such condition is:

- A) *Chlamydia trachomatis*.
- B) *Morax-Axenfield diplobacilli*.**
- C) *Pseudomonas*.
- D) *Pneumococci*.
- E) *Staph. aureus*.





(29) Concerning the right lower eyelid, all is true except:

- A) Epiphora is an important presentation.
- B) Medical treatment is curative.**
- C) Corneal protection by ointments is important.
- D) Ageing plays the main role in the etiology.
- E) Exposure keratitis is a recognizable complication.



**(30) Concerning these boys, all is true except:**

- A) Lagophthalmos is evident.**
- B) Corneal ulceration is a possible complication.**
- C) Have left upper eyelid colobomas.**
- D) Have left upper eyelid trichiasis.**
- E) Need plastic eyelid reconstruction.**



**(31) Regarding this young girl, all is correct except:**

- A) The condition is common with low socioeconomic standard.**
- B) Has an underlying parasitic etiology.**
- C) Could be treated by yellow oxide of mercury ointment.**
- D) Cutting the lashes may be of benefit.**
- E) The definitive treatment is green oxide of mercury ointment.**





**(32) This old man has all of the following except:**

- A) Right lagophthalmos.**
- B) Right lower eyelid ectropion.**
- C) Right exposure keratopathy.**
- D) Possible right facial palsy.**
- E) Left blepharospasm.**





(33) This instrument is very helpful in chalazion surgery because of:

- A) Its ability to evert the eyelid.
- B) Induced hemostasis.
- C) Minimizing surgical trauma to the lid margin.
- D) Defining the chalazion boundaries.
- E) All of the above.**



**(34) Which is untrue regarding this old man?**

- A) He has right severe lower eyelid ectropion.**
- B) He has right severe facial palsy.**
- C) He has right severe lagophthalmos.**
- D) He has a spastic upper eyelid entropion.**
- E) The cornea is never a site of complication in these cases.**
- F) D & E.**



(10) This man has all except:

- A) A need to ENT examination.
- B) An obstruction in the nasolacrimal duct.
- C) A ciliary injection.
- D) Positive regurge test.
- E) Dacryoadenitis.
- F) C & E.
- G) A & E.



**(35) The hemorrhagic eruption & lid edema in this old man are typically encountered in:**

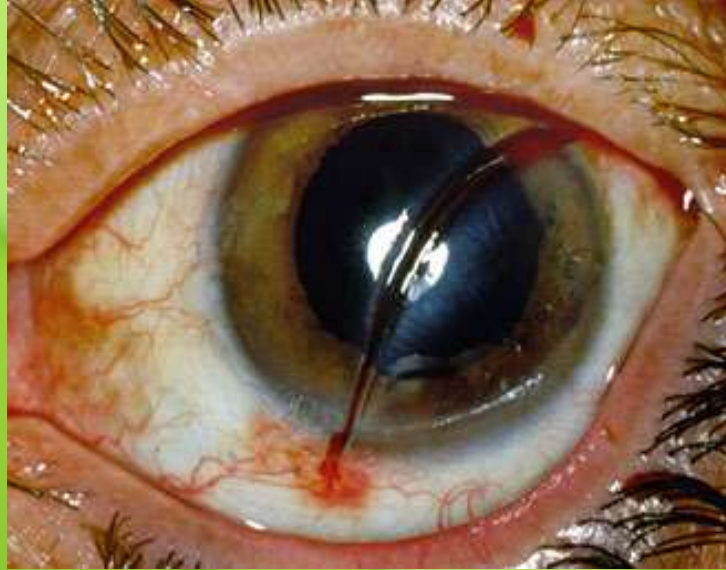
- A) Herpes zoster ophthalmicus ( HZO ).**
- B) Herpes simplex keratitis.**
- C) Bacterial corneal ulcer.**
- D) Mycotic corneal ulcer.**
- E) None of the above.**





(36) This skin eruption is typically found in:

- A) Parasitic blepharitis.
- B) Herpes simplex blepharitis.**
- C) Fungal keratitis.
- D) Bacterial keratitis.
- E) Squamous blepharitis.



(6) Which is true concerning this patient's corneal wound?

- A) Blunt trauma may be the cause.
- B) Penetrating trauma may be the cause.
- C) Conjunctival peritomy is necessary.
- D) Retinal detachment may be associated.
- F) All of the above.**



(37) The provisional diagnosis in this girl is:

- A) Acute dacryocystitis.
- B) Acute dacryoadenitis.**
- C) Orbital cellulitis.
- D) Hordeolum externum.
- E) Difficult to tell.



(68) This visual abnormality is typical in:

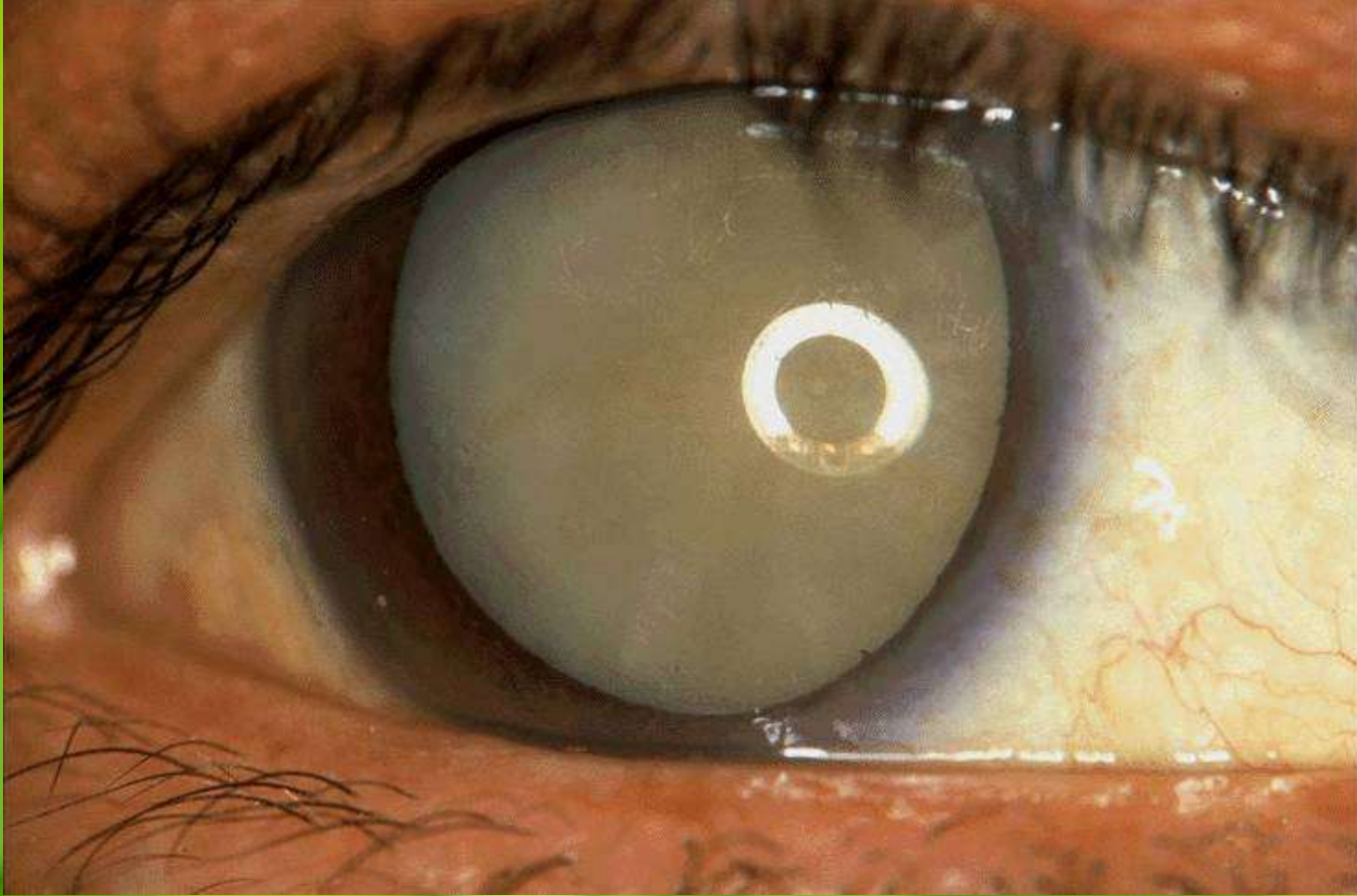
- A) Hypermature senile cataract.
- B) Mature senile cataract.
- C) Zonular cataract.
- D) Incipient cataract.
- E) Sutural cataract.





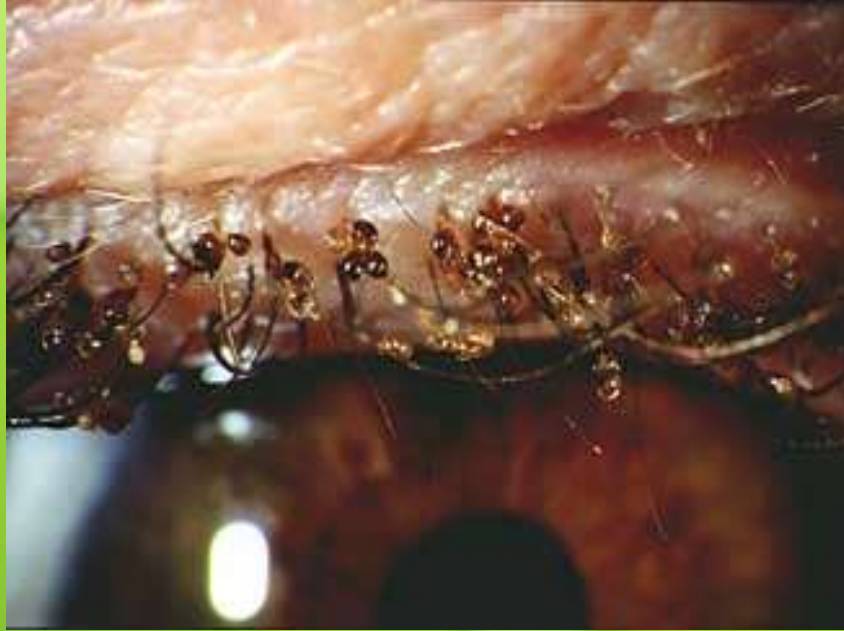
**(38) The skin eruption in this old man is typically encountered in:**

- A) Herpes zoster ophthalmicus ( HZO ).**
- B) Herpes simplex keratitis.**
- C) Bacterial corneal ulcer.**
- D) Mycotic corneal ulcer.**
- E) None of the above.**



**(59) Concerning this lenticular opacification, which is untrue?**

- A) Needs fundus ultrasonography.**
- B) Expected VA is PL.**
- C) May be senile, complicated or developmental in origin.**
- D) Surgery is the only available treatment.**
- E) Examining the other eye is necessary.**



(39) The provisional diagnosis in this case is:

- A) Angular blepharoconjunctivitis.
- B) Parasitic blepharitis.**
- C) Squamous blepharitis.
- D) Hordeolum internum.
- E) Hordeolum externum.

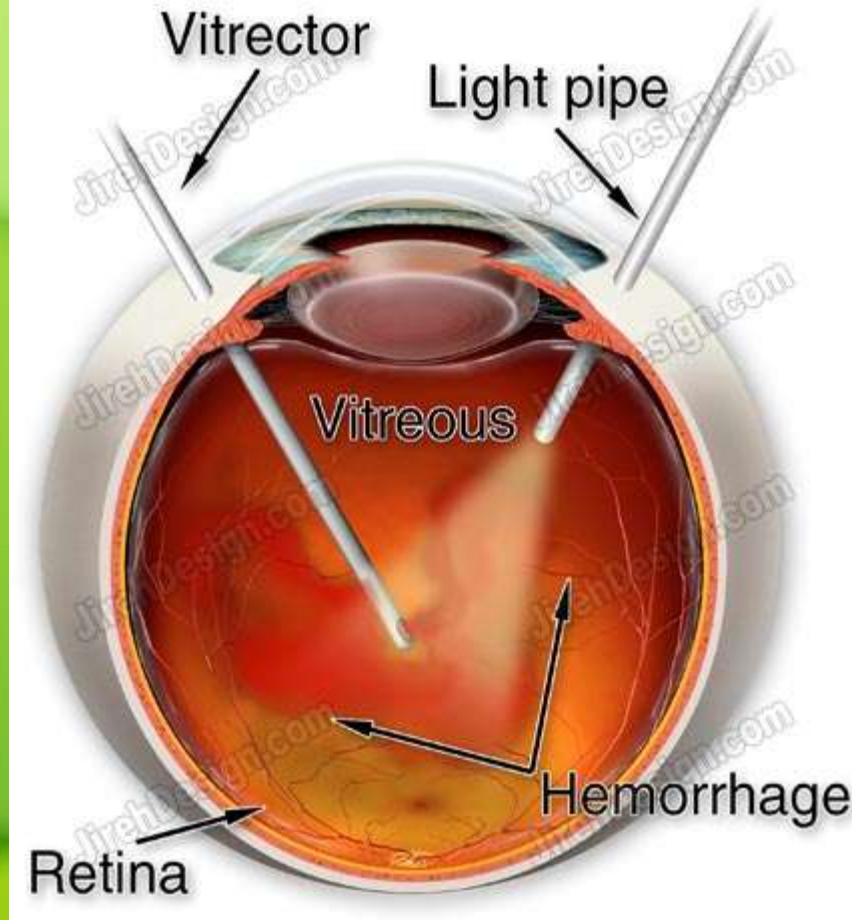




(40) This condition could be due to:

- A) Bilateral corneal ulcer.
- B) Bilateral facial palsy.**
- C) Bilateral entropion.
- D) Bilateral oculomotor palsy.
- E) None of the above.





(60) This operation is helpful in all except:

- A) Removing vitreous hemorrhage.
- B) Treating hypertensive retinopathy.**
- C) Removing posteriorly dislocated lenses.
- D) Removing intravitreal foreign bodies.
- E) Repairing complicated retinal detachments.



(41) This condition is termed:

- A) Marcus-Gunn pupil.
- B) Simple congenital ptosis.
- C) Horner syndrome.
- D) Right oculomotor palsy.
- E) Marcus-Gunn phenomenon.**



(43) The commonest organism that can produce such a lid swelling is:

- A) Staph. aureus.**
- B) Streptococci.
- C) Pneumococci.
- D) Actinomyces israeli.
- E) Aspergillus fumigatus.
- F) Herpes simplex virus.





**(28) This patient is liable to:**

- A) Epiphora.**
- B) Cicatricial ectropion.**
- C) Eczema.**
- D) All of the above.**
- E) None of the above.**





(45) This lady presented with severe throbbing pain & tenderness in the upper lid margin. Your provisional diagnosis is:

- A) Hordeolum externum.**
- B) Hordeolum internum.**
- C) Marginal chalazion.**
- D) Ulcerative blepharitis.**
- E) Parasitic blepharitis.**



**(46) The cause of the lower eyelid abnormality is:**

- A) Cicatricial skin changes.**
- B) Senile changes.**
- C) Increased lid weight.**
- D) A congenital defect.**
- E) None of the above.**



**(1) The patch on the right eye may be used to:**

- A) Treat microbial keratitis.**
- B) Cover the eye after recent intraocular surgery.**
- C) Cover the better seeing eye in cases with amblyopia.**
- D) Cover the eye in buphthalmos.**
- E) A,B&C.**



11.130



11.131



(47): This 26 years old ♀ complained of intermittent attacks of drooping of the upper eyelids & double vision usually by the end of the day. The neurologist injected her IV with a certain drug. Which is true?

- A) The abnormality lies in the Z band of the levator palpebrae superiores.
- B) The material injected is fluorescein sodium.
- C) Steroids have no therapeutic effect.
- D) Diplopia is due to asymmetrical extraocular muscle affection.
- E) Squint surgery can be done in the active stage of the disease.





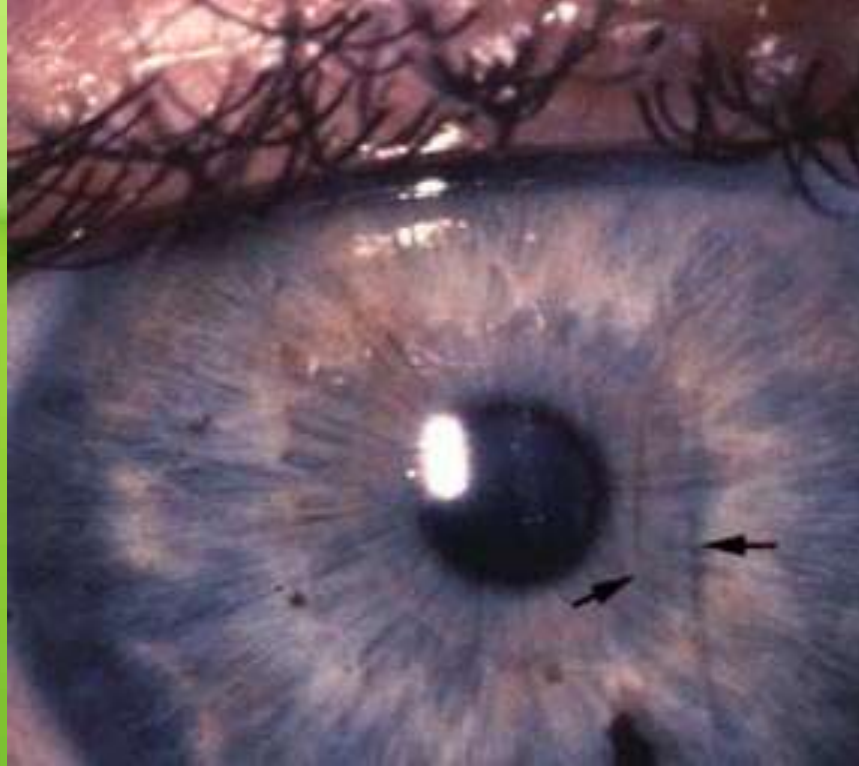
(48) Which does not share in causing this lower lid condition?

- A) Laxity of the orbicularis oculi.
- B) Overriding of preseptal over pretarsal orbicularis.
- C) Medial canthal tendon laxity.
- D) Lateral canthal tendon laxity.
- E) Lower lid skin laxity.



**(50) In herpes zoster ophthalmicus (HZO), this nasal rash indicates:**

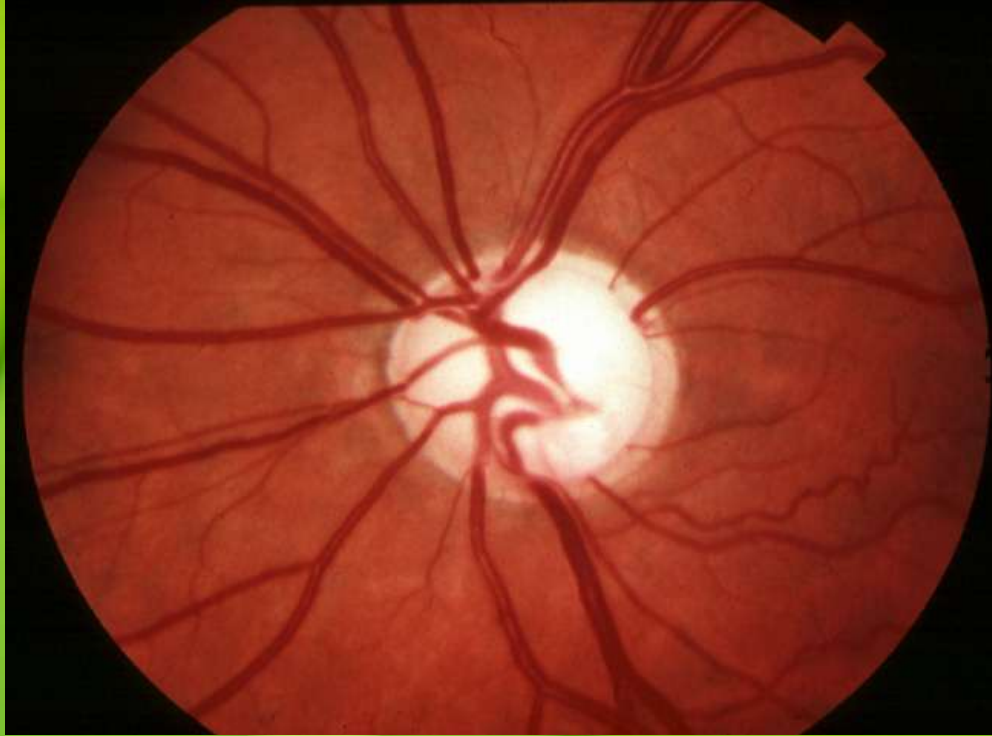
- A) A high tendency to corneal & iris involvement.**
- B) Nasociliary nerve affection.**
- C) No particular significance.**
- D) Immunity.**
- E) A & B.**



**(2) These arrowed lesion :**

- A) Are typical of buphthalmos.**
- B) Are typical of forceps delivery.**
- C) Can be normal variants.**
- D) Can affect vision if crossed the pupil.**
- E) A&D.**
- F) B&D.**





**3) All of the following may be needed to clarify the diagnosis except:**

- A) Tonometry.**
- B) Perimetry.**
- C) Gonioscopy.**
- D) Fundus photography.**
- E) Ophthalmic ultrasound.**





**(4) Concerning this patient, all is true except:**

- A) High myopia is a common presentation.**
- B) A.Ch. depth is typically increased.**
- C) Is a medical problem.**
- D) Anterior chamber angle anomalies are typical.**
- E) A&C.**
- F) B&C.**



(10) This refractive condition is termed:

- A) Myopia.
- B) Hperopia.
- C) Astigmatism.**
- D) I can not determine.



(5) In this case, all is true except:

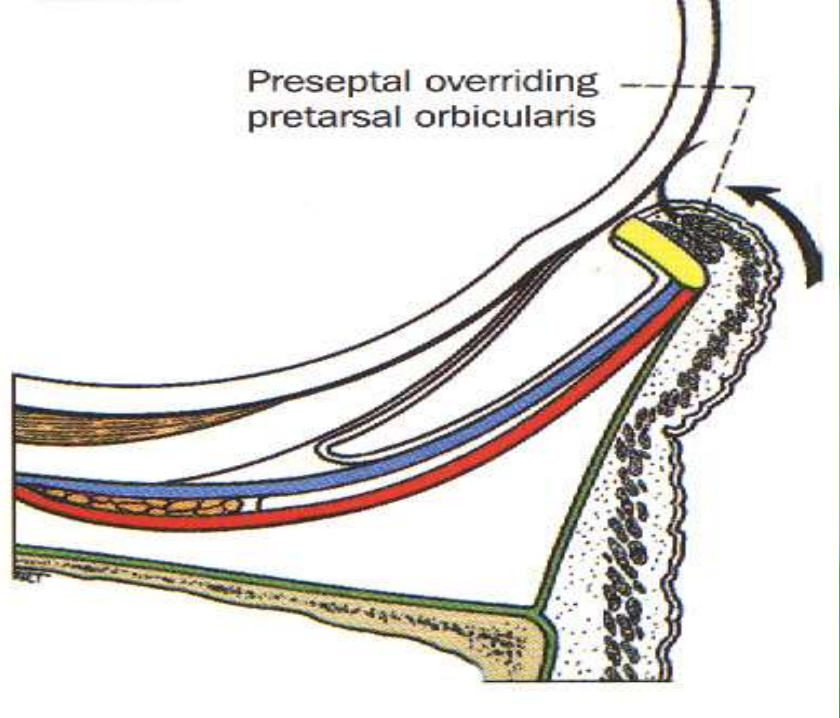
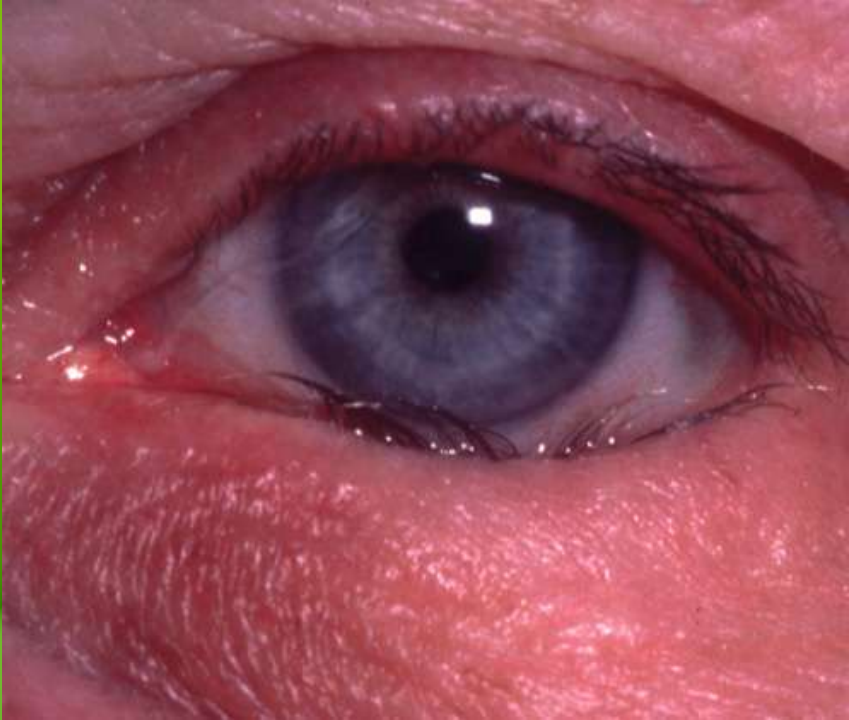
- A) IOP measurement is essential.
- B) Visual field is worse on the right side.
- C) Glaucoma filtering surgery would restore the visual field deficits.
- D) Provokative tests are important diagnostic issues.
- E) A&C.
- F) C&D.



(6) This instrument is used for:

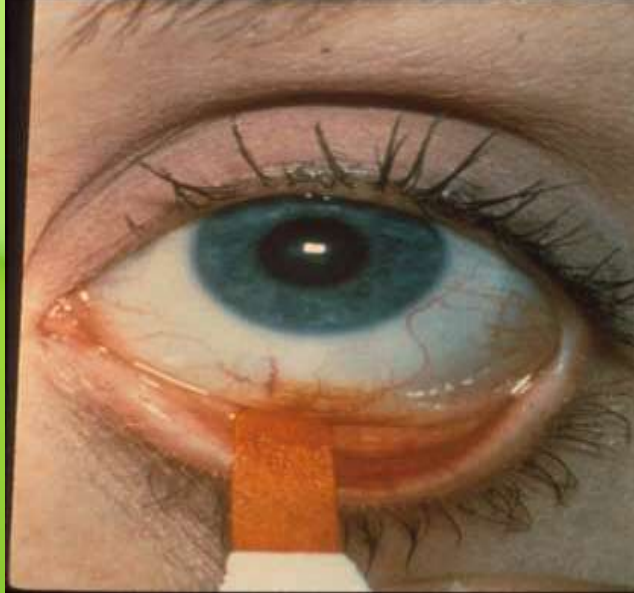
- A) Measurement of the corneal curvature.
- B) Estimation of the corneal thickness.
- C) IOP measurement.**
- D) Examination of the drainage angle.
- E) Determining the refractive state of the eye.
- F) Examining the fundus oculi.





(49) Which does not share in causing this condition?

- A) Horizontal lid laxity.
- B) Medial canthal tendon laxity.
- C) Lateral canthal tendon laxity.
- D) Overriding of the pretarsal over preseptal orbicularis.**
- E) Lower lid retractor weakness.



(5) The chemical added to this strip is helpful in all except:

- A) Diagnosis of epiphora.
- B) Staining of corneal epithelial defects.
- C) IOP measurement.
- D) Studying retinal as well as choroidal circulations.
- E) Determining the site of an occult corneal perforation.
- E) Assessment of corneal thickness.**



(7) The provisional diagnosis in this old man is:

- A) Acute dacryocystitis.**
- B) Acute dacryoadenitis.**
- C) Orbital cellulitis.**
- D) Hordeolum externum.**
- E) Difficult to tell.**





(9) Which is not a known complication of this disease:

- A) Endophthalmitis.
- B) Panophthalmitis.
- C) Internal lacrimal fistula.
- D) External lacrimal fistula.
- E) Cavernous sinus thrombophlebitis.
- F) Central retinal vein occlusion.**

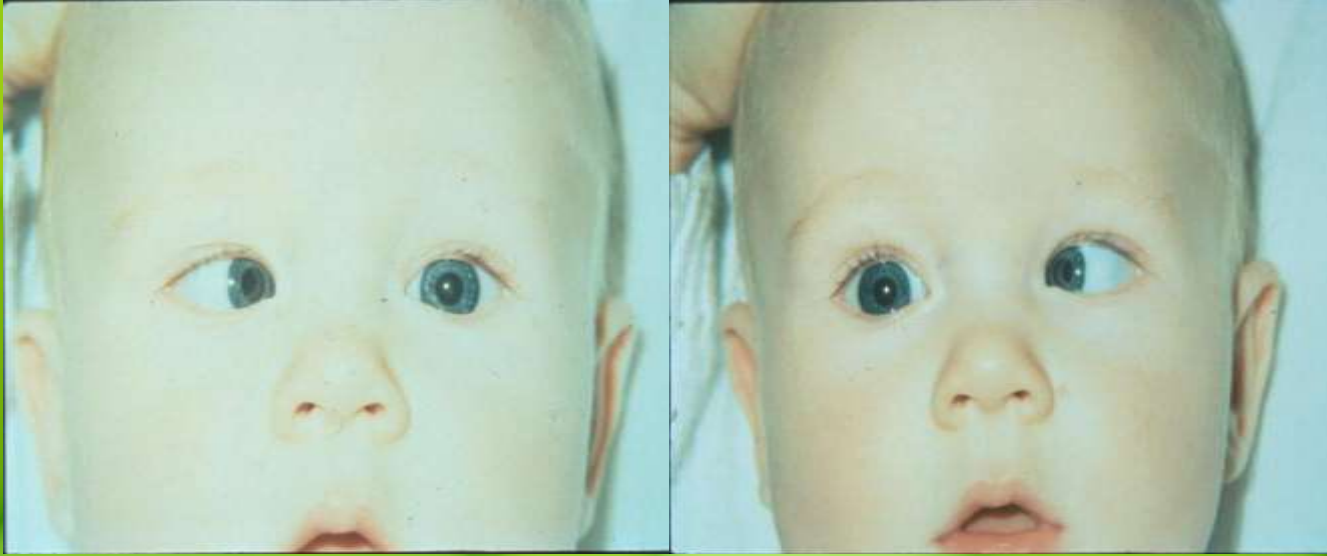


Side View Of Probe And Probe Carrier  
Degrees Are From Zero To 180



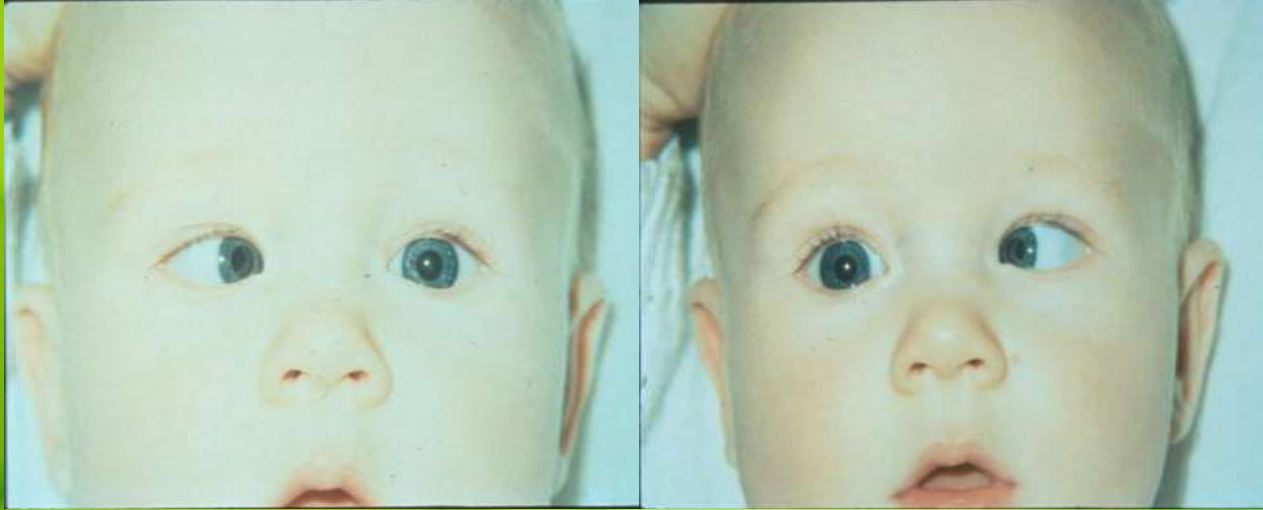
(1) This instrument is used for:

- A) Anterior chamber angle examination.
- B) IOP measurement.**
- C) Examining the fundus oculi.
- D) Testing the refraction.
- E) Testing the facility of aqueous outflow.
- F) Testing corneal sensation.



(18) This boy has:

- A) Orthophoria.
- B) Right esotropia.
- C) Left esotropia.
- D) Alternating esotropia.**
- E) Alternating exotropia.



(19) To correct this abnormality, you may need to perform:

- A) Bimedial rectus recession.
- B) Bimedial rectus resection.
- C) Uni- or bilateral lateral rectus resection.
- D) Uni- or bilateral lateral rectus recession.
- E) A & C.
- B) A & D.



**(6) The pus coming through the skin is a complication of:**

- A) Dacryocystitis.**
- B) Dacryoadenitis.**
- C) Maxillary sinusitis.**
- D) All of the above.**
- E) None of the above.**





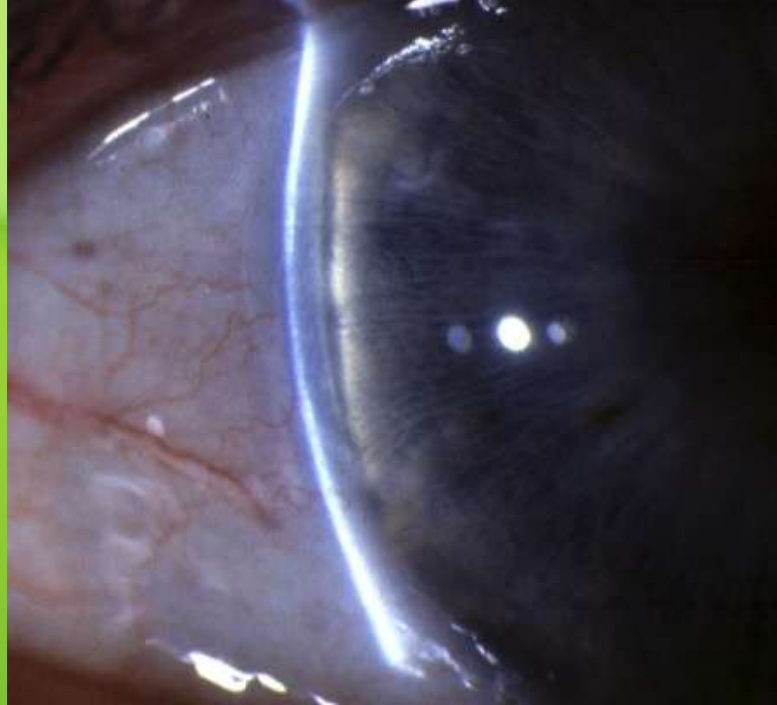
(20) This is the typical extraocular motility pattern of:

- A) Right oculomotor palsy.
- B) Left abducens palsy.**
- C) Right abducens palsy.
- D) Left trochlear palsy.
- F) Left oculomotor palsy.



**(21) To achieve this cosmetic correction, this lady would have undergone:**

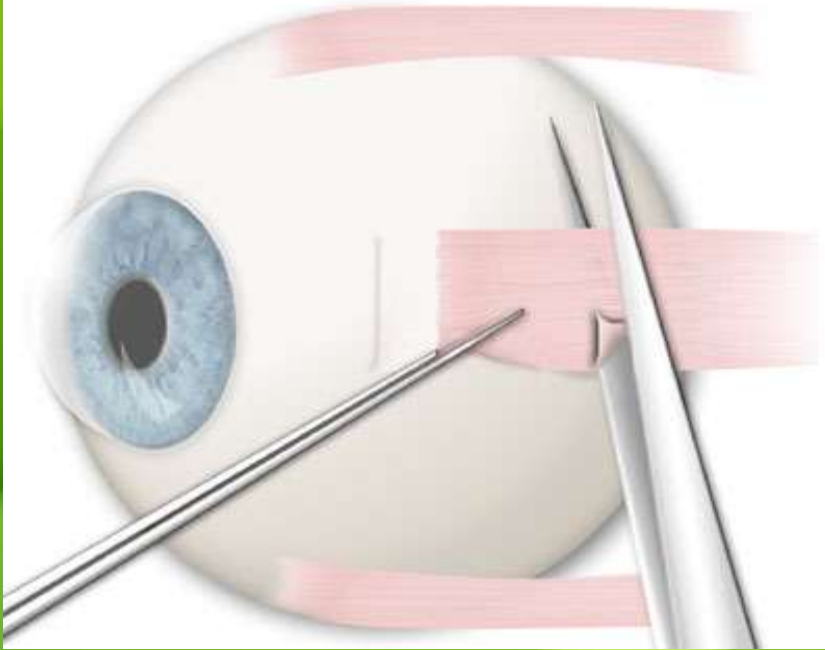
- A) Left medial rectus resection.**
- B) Left medial rectus recession.**
- C) Left lateral rectus resection.**
- D) Left lateral rectus recession.**
- E) A & C.**
- F) A & D.**
- G) B & C.**



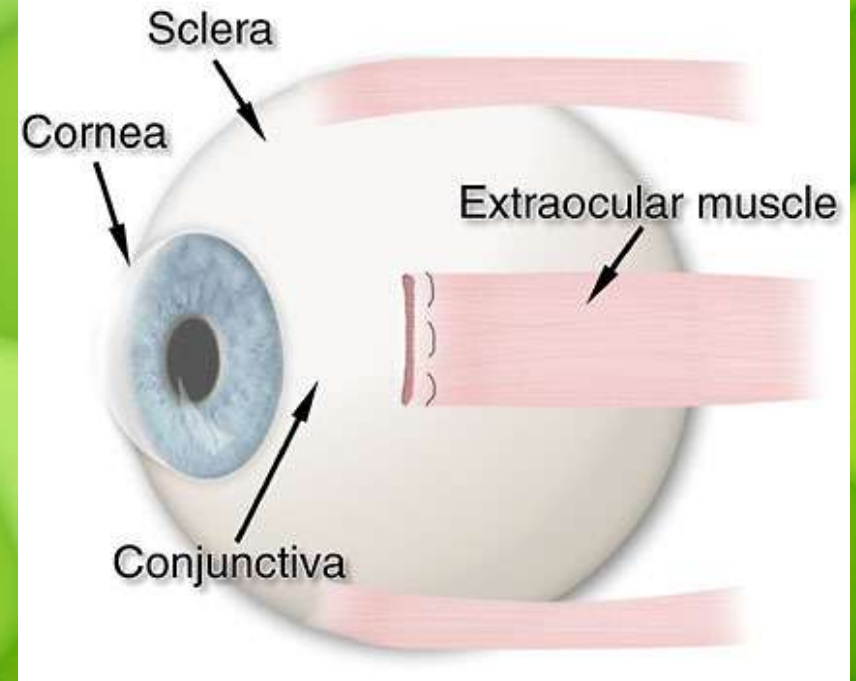
(23) As concerns this anterior chamber, it is considered:

- A) Of average depth.
- B) Liable to primary angle closure glaucoma.**
- C) Liable to primary open angle glaucoma.
- D) Of irregular depth.

Muscle Resection Procedure



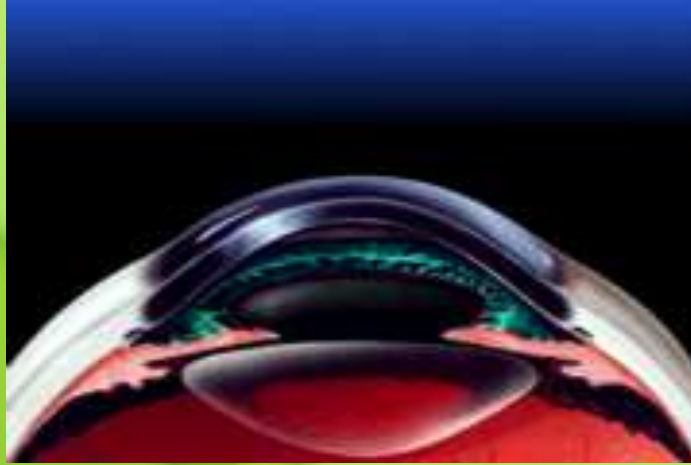
Completed Muscle Resection Procedure



(22) Concerning this surgical modality, which is false?

- A) Can be applied to the lateral rectus in convergent squint.
- B) Can be applied to the medial rectus in divergent squint.
- C) Is a weakening procedure.**
- D) The muscle is reattached to the original insertion.
- F) Can be applied to the superior rectus in cases of hypotropia.





(4) This surgical modality is used to treat all of the following except:

- A) Myopia.
- B) Hyperopia.
- C) Astigmatism.
- D) Heterotropia.
- E) Keratoconus.
- F) C & E.
- G) D & E.



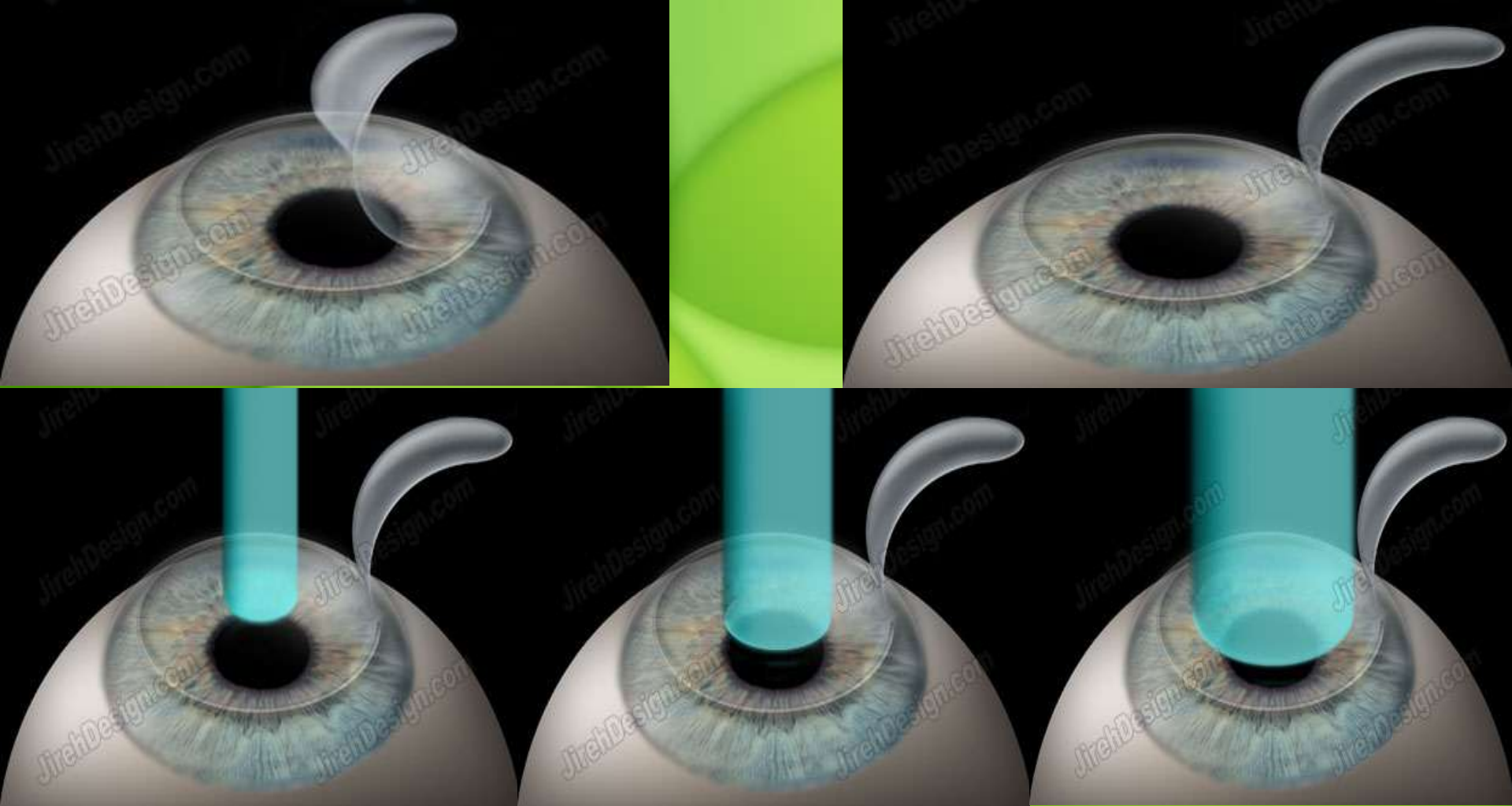
(4) Regarding these old ladies:

- A) This condition may be life threatening.**
- B) Streptococci is the commonest cause.**
- C) Nasolacrimal duct obstruction is not a prominent feature.**
- D) Surgery is usually needed at this stage.**
- E) All of the above.**



(5) This therapeutic modality is used to treat all except:

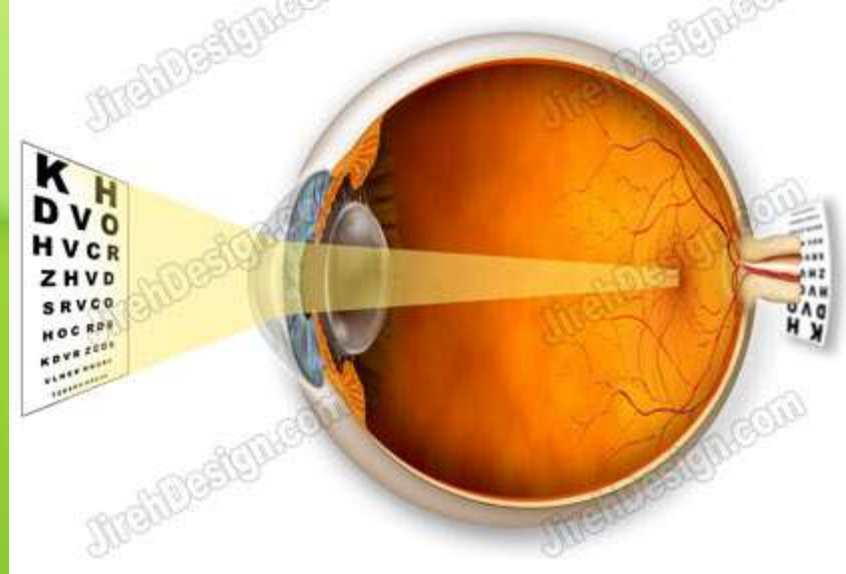
- A) Hyperopia.
- B) Myopia.
- C) Astigmatism.
- D) Heterotropia.
- E) Keratoconus.
- F) C & D.
- G) D & E.**



**(6) The operation illustrated can treat:**

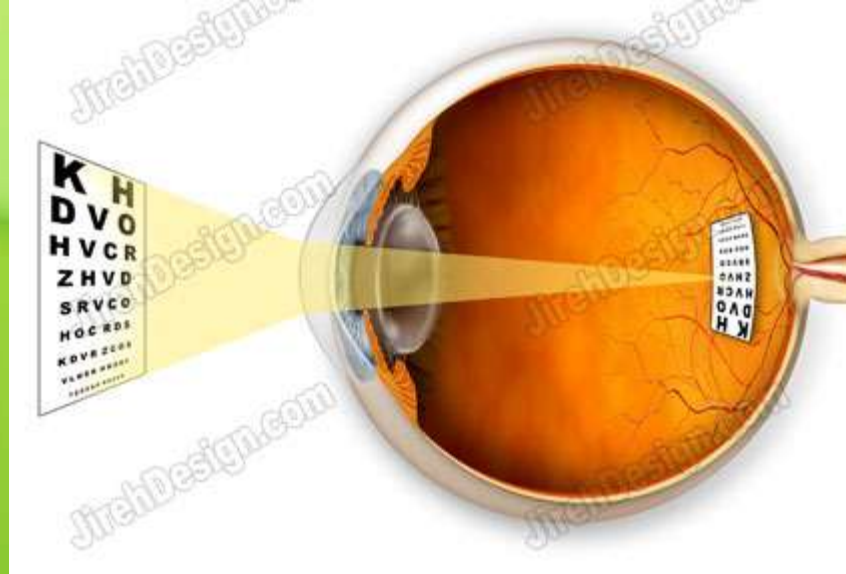
- A) Dense deep central corneal opacities.**
- B) Descemetocoeles.**
- C) Simple myopic astigmatism.**
- D) Resistant corneal ulcers.**
- E) Buphthalmos.**





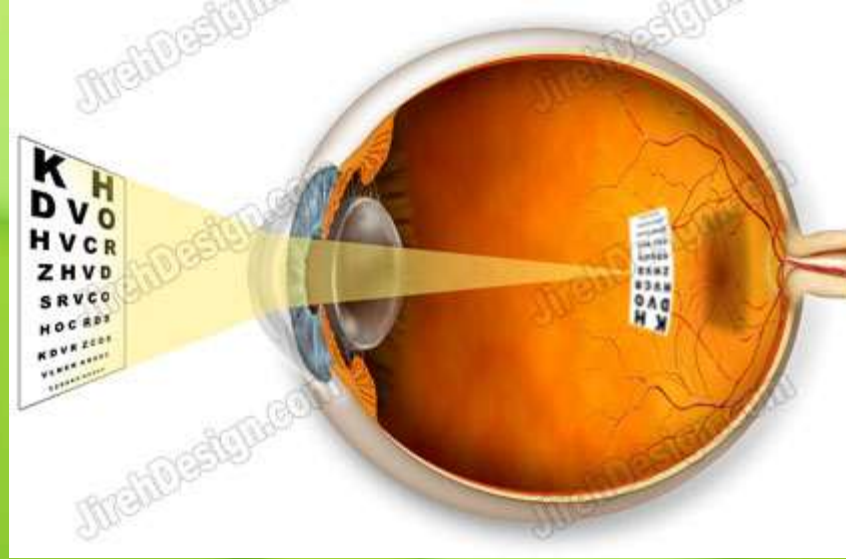
(7) As regards this refractive condition, all is true except:

- A) Can be corrected with convex lenses.
- B) Could be complicated by true esotropia.
- C) The angle of the anterior chamber is shallower than average.
- D) Is a risk factor for 1ry open angle glaucoma.**
- E) The ocular axial length is usually shorter than average.



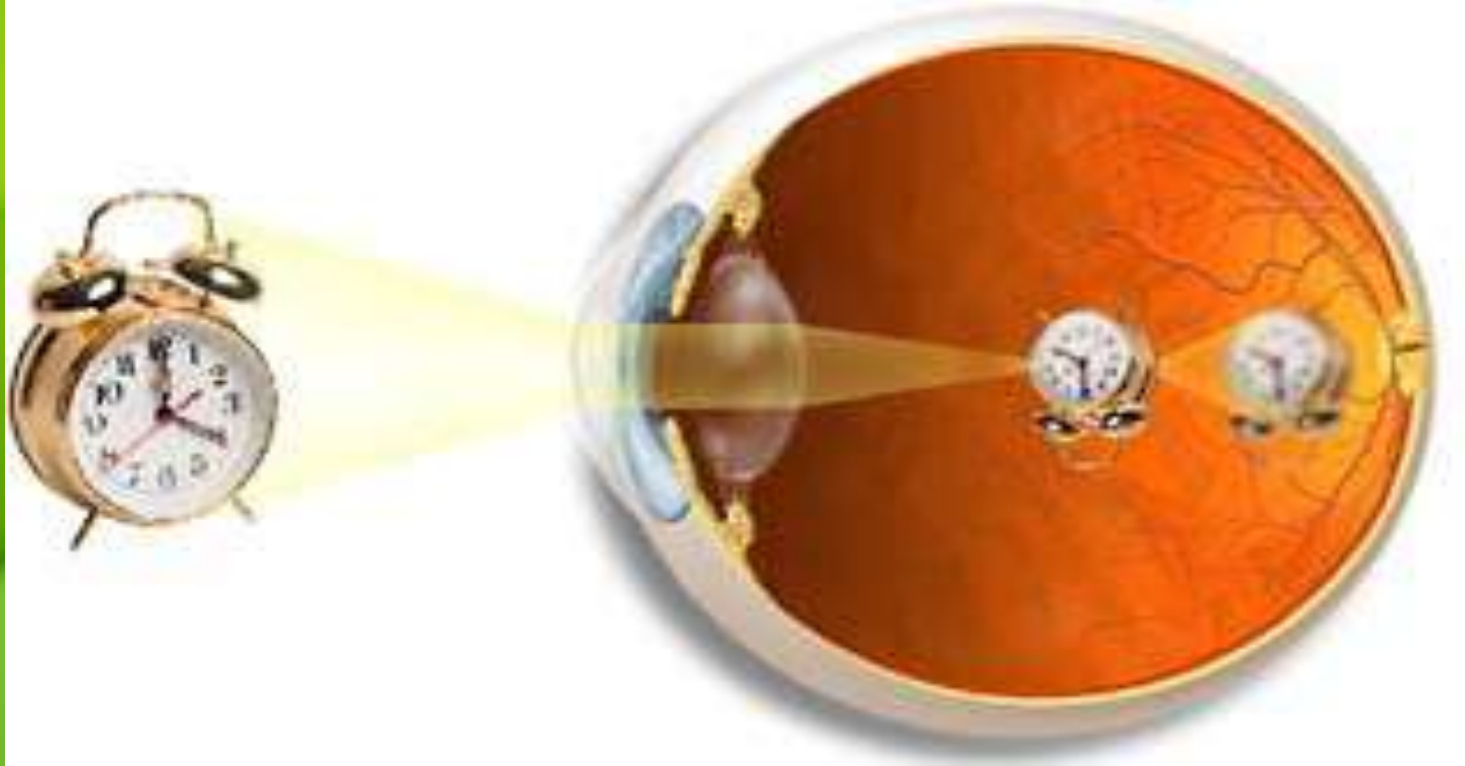
(8) This refractive condition is termed:

- A) Hyperopia.
- B) Emmetropia.**
- C) Myopia.
- D) Astigmatism.
- E) None of the above.



(9) As regards this refractive condition, all is false except:

- A) Is a definite risk factor for 1ry angle closure glaucoma.
- B) Can be corrected with concave lenses.**
- C) The ocular axial length is usually shorter than normal.
- D) The anterior chamber is usually shallower than normal.
- E) Could be due to cornea plana.



(11) This refractive condition is termed:

- A) Myopia.**
- B) Hyperopia.**
- C) Astigmatism.**
- D) I can not determine.**





(12) This refractive condition is termed:

- A) Myopia.
- B) Hyperopia.**
- C) Astigmatism.
- D) I can not determine.



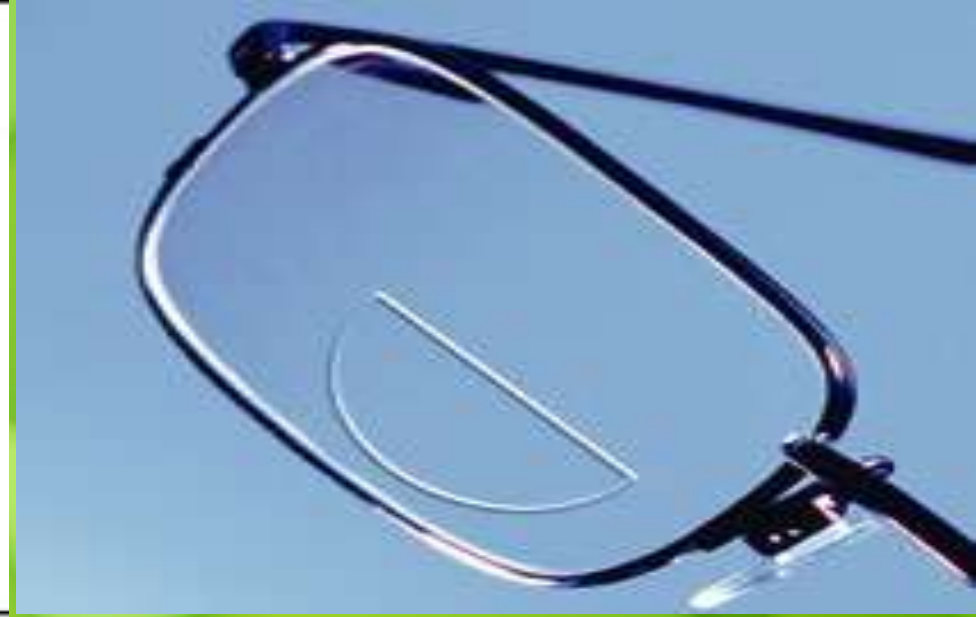
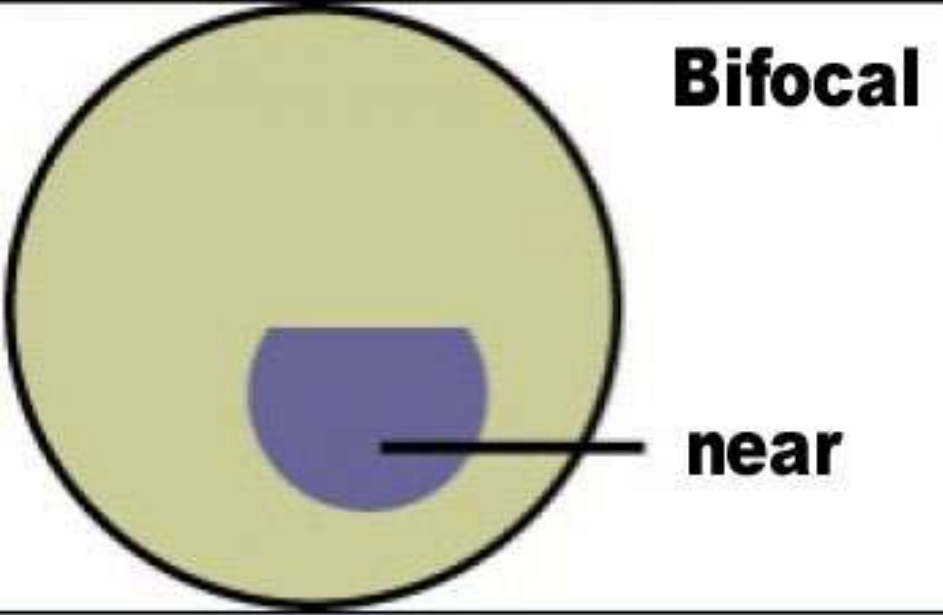
(16) This visual experience is typical in:

- A) Hyperopia.
- B) Myopia.
- C) Astigmatism.**
- D) None of the above.



(29) As concerns this iris, this lady has:

- A) A normal iris pattern.
- B) Heterochromia irides.**
- C) Muddy iris.
- D) Atrophic iris patches.
- E) Rubeosis irides.



(17) This type of lens is helpful in correcting refractive errors in the age of:

- A) 5-10 years.
- B) 10-20 years.
- C) 20-30 years.
- D) 30-40 years.
- E) > 40 years.





**(7) This corneal contact lens is used for:**

- A) Examining the depth and structure of the anterior chamber angle.**
- B) Examining the vitreous body.**
- C) Examining the macula & optic disc.**
- D) Examining the retinal periphery.**
- E) All of the above.**
- F) A & D.**
- G) A & C.**



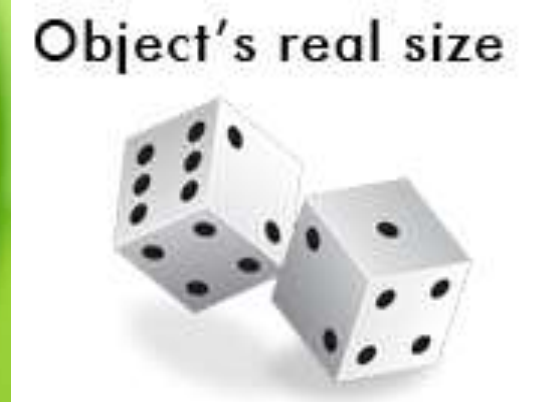
(2) The angle of squint in this patient would be:

- A) 5 ▲.
- B) 15 ▲.
- C) 30 ▲.
- D) 35 ▲.
- E) 45 ▲.**



**(3) The angle of squint in this patient is:**

- A) 15 ▲.**
- B) 25 ▲.**
- C) 30 ▲.**
- D) 45 ▲.**
- E) 50 ▲.**



(55) The illustrated condition is termed:

A) Metamorphopsia.

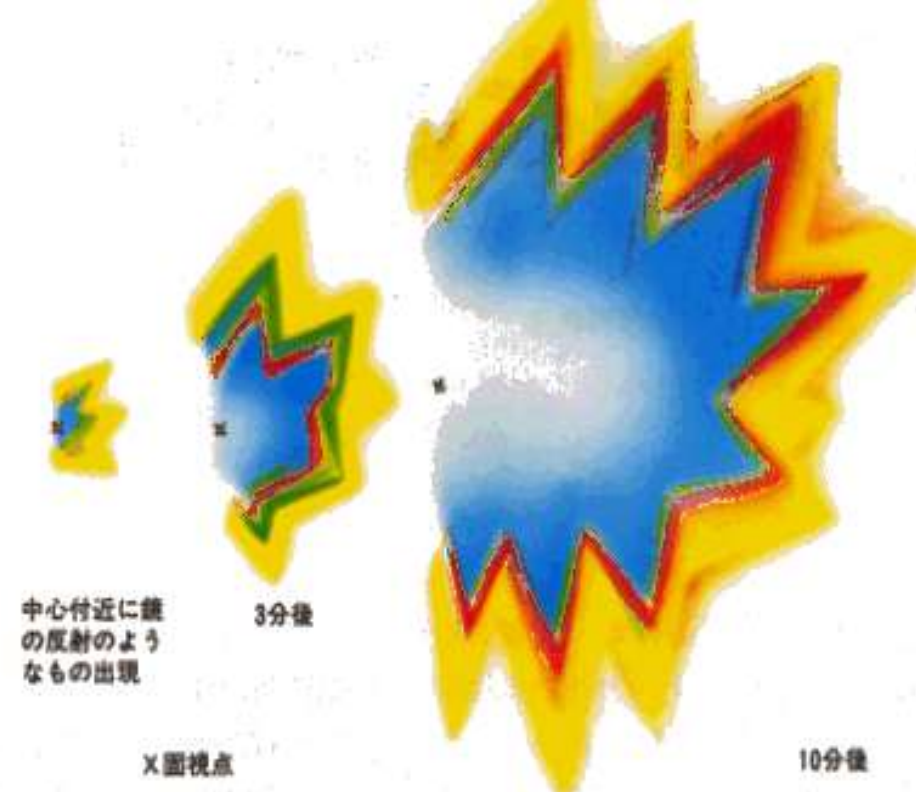
**B) Micropsia.**

C) Macropsia.

D) Photopsia.

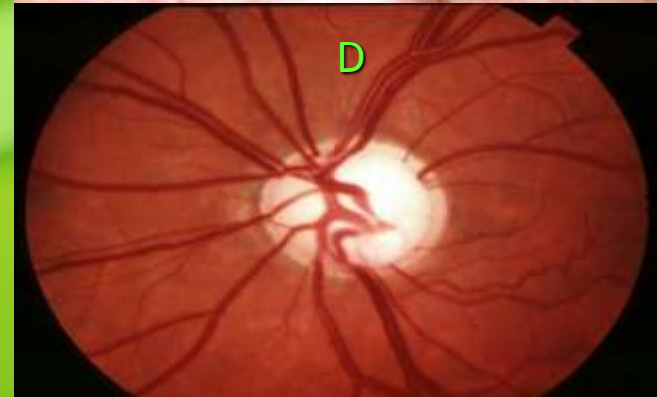
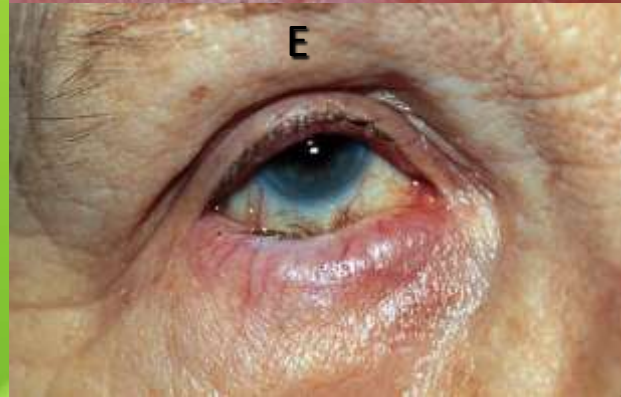
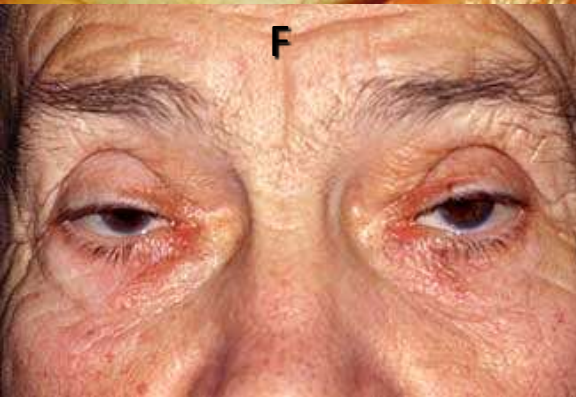
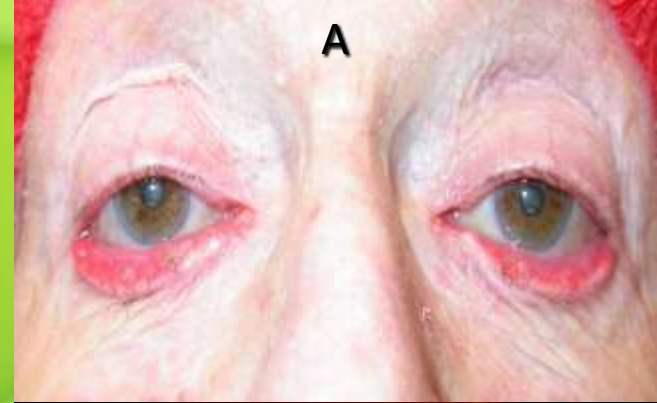
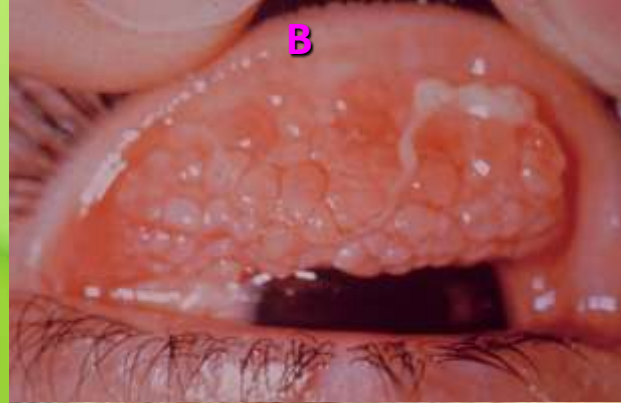
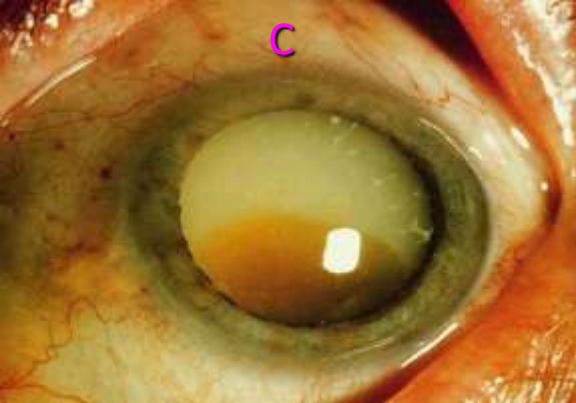
E) Hemianopsia.





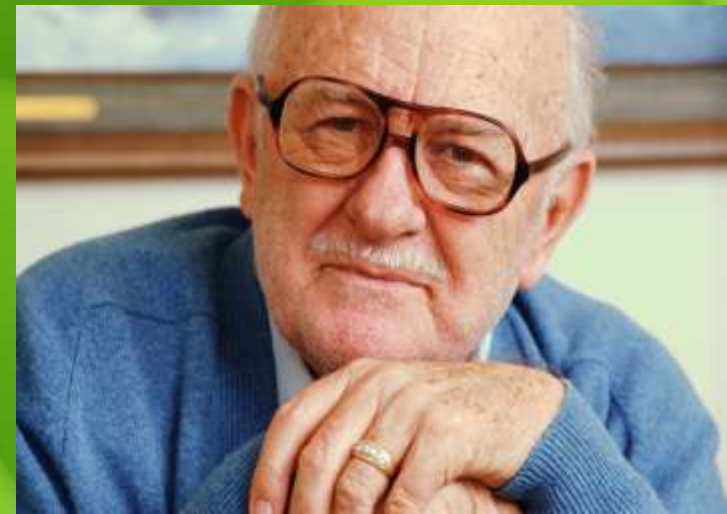
(56) The illustrated condition is termed:

- A) Metamorphopsia.
- B) Micropsia.
- C) Macropsia.
- D) Photopsia.
- E) Hemianopsia.

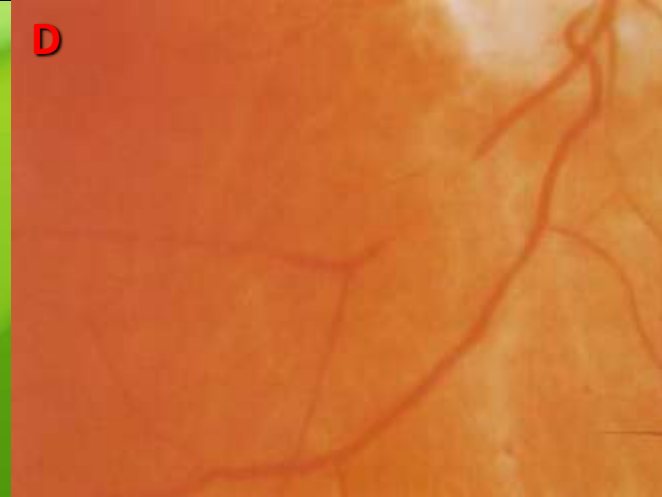


(57) Which condition does not fit in this age group ?

- A)
- B)
- C)
- D)
- E)
- F)

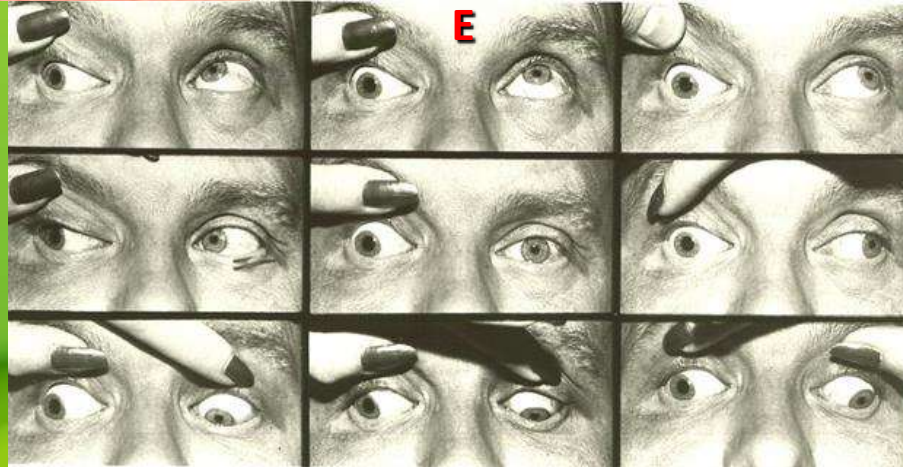
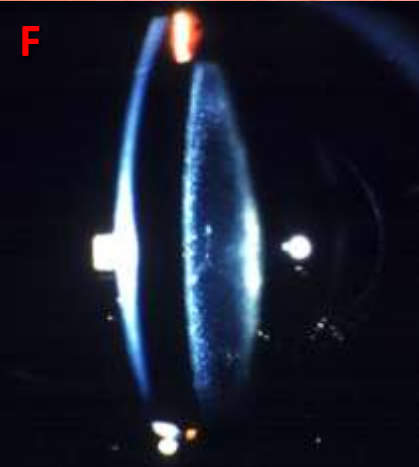






(58) Which is unrelated to this systemic vascular disorder?

- A)
- B)
- C)
- D)
- E)



(59) Which condition is unrelated to this disease?

- A)
- B)
- C)
- D)
- E)
- F)

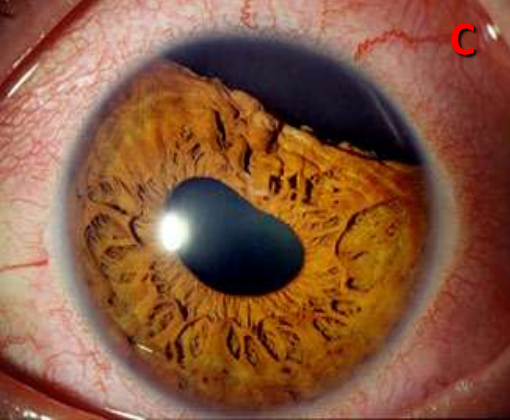






(60) Which complication is unrelated to this drug?

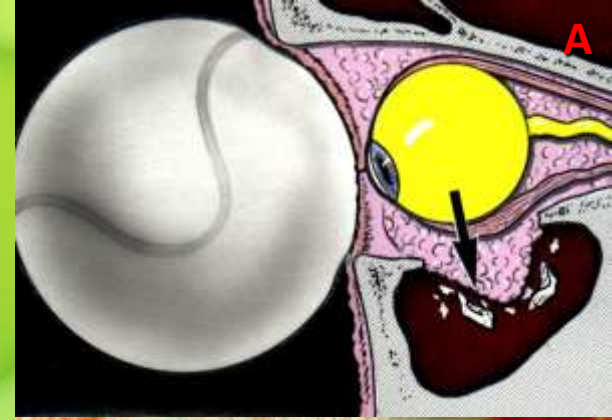
- A)
- B)
- C)
- D)
- E)



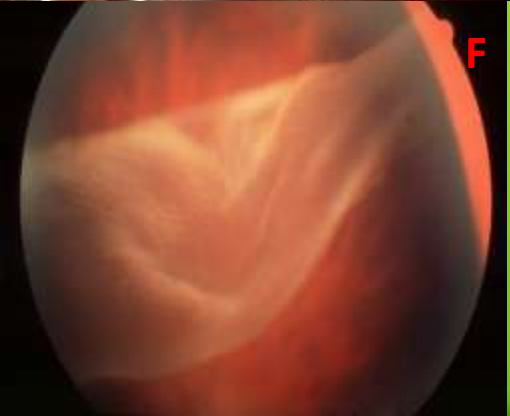
C



B



A



F



E



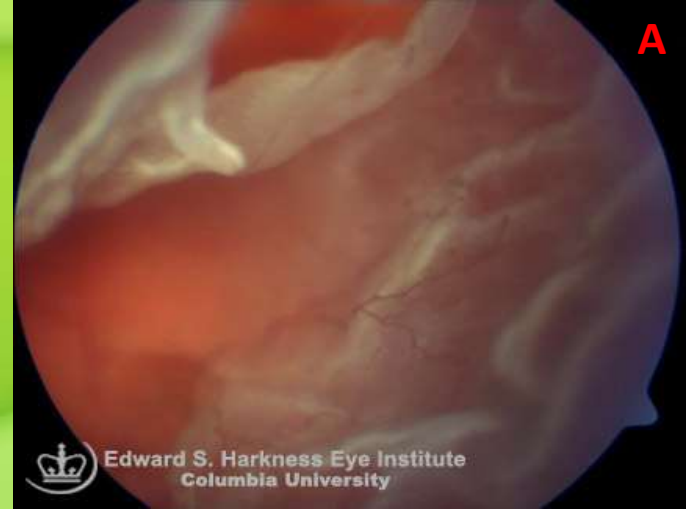
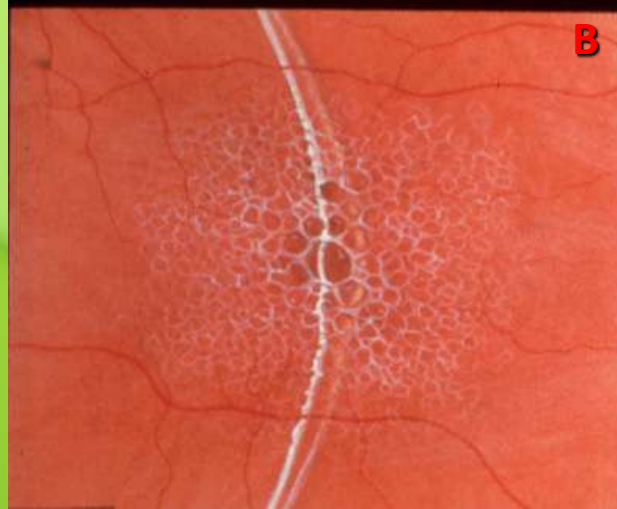
D

(61) Which condition is unrelated to blunt ocular trauma?

- A)
- B)
- C)
- D)
- E)
- F)







(62) Which is not a complication of vitreous loss ?

- A)
- B)
- C)
- D)
- E)
- F)



(63) This field defect may be due to all except:

- A) Macular edema.
- B) Myopic maculopathy.
- C) Retinitis pigmentosa.**
- D) Macular hole.
- E) Senile macular degeneration.





(64) Which is not correct as regards this 65 years old diabetic lady?

- A) Retinal ischemia is a definite association.
- B) Cyclocryotherapy may be needed.
- C) IOP is elevated by both closed & open angle mechanisms.
- D) Betamethasone & atropine are recommended.
- E) Pilocarpine has a definite therapeutic role.**
- F) (PRP) panretinal photocoagulation (if possible) is justified.



(65) Which disease is less common in this sex group?

- A)
- B)
- C)
- D)
- E)
- F) D & E.





(66) This visual abnormality is not a feature of:

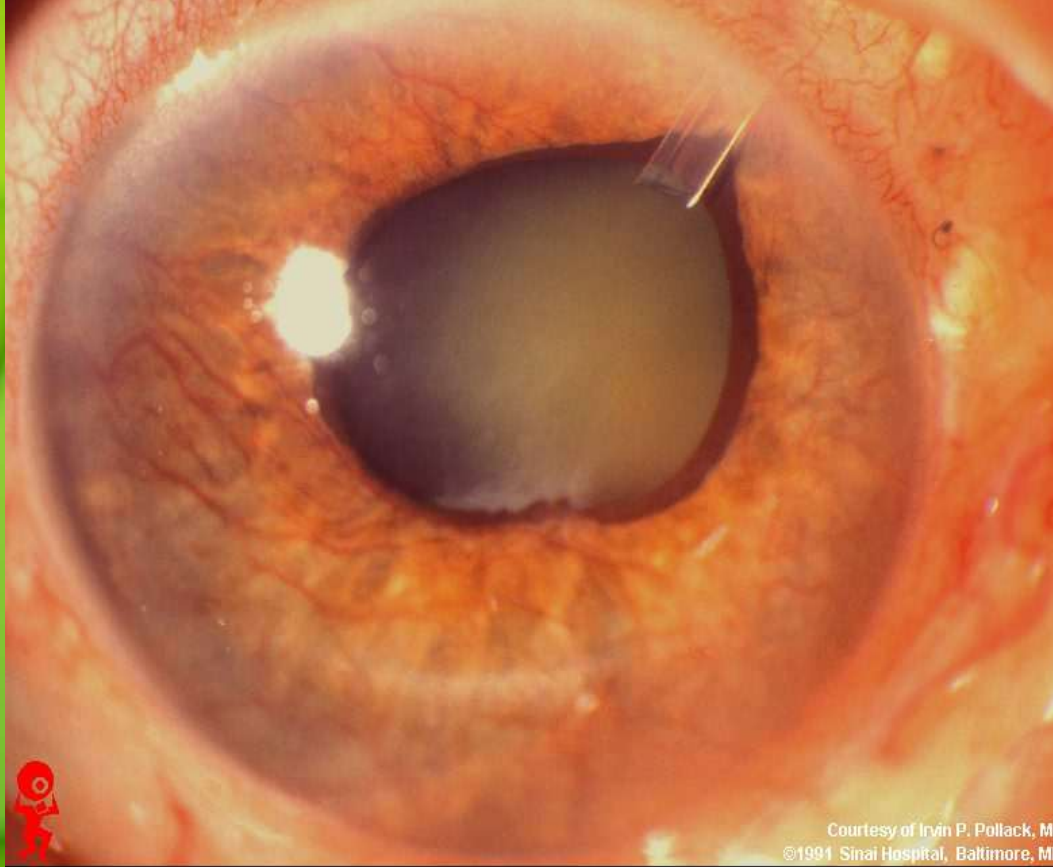
- A) Unilateral abducens palsy.
- B) Recurrent pterygium after many surgeries.
- C) A big iridodialysis at 9.00 o'clock position.
- D) Unilateral complete oculomotor palsy.
- E) Incipient cataract.
- F) A subluxated clear lens.



(67) This visual abnormality is not faced in:

- A) Inferior orbital wall blow-out fracture.
- B) Thyroid ophthalmopathy.
- C) Unilateral abducens palsy.**
- D) Myasthenia gravis.
- E) Symblepharon.





Courtesy of Irvin P. Pollack, MD  
©1991 Sinai Hospital, Baltimore, MD

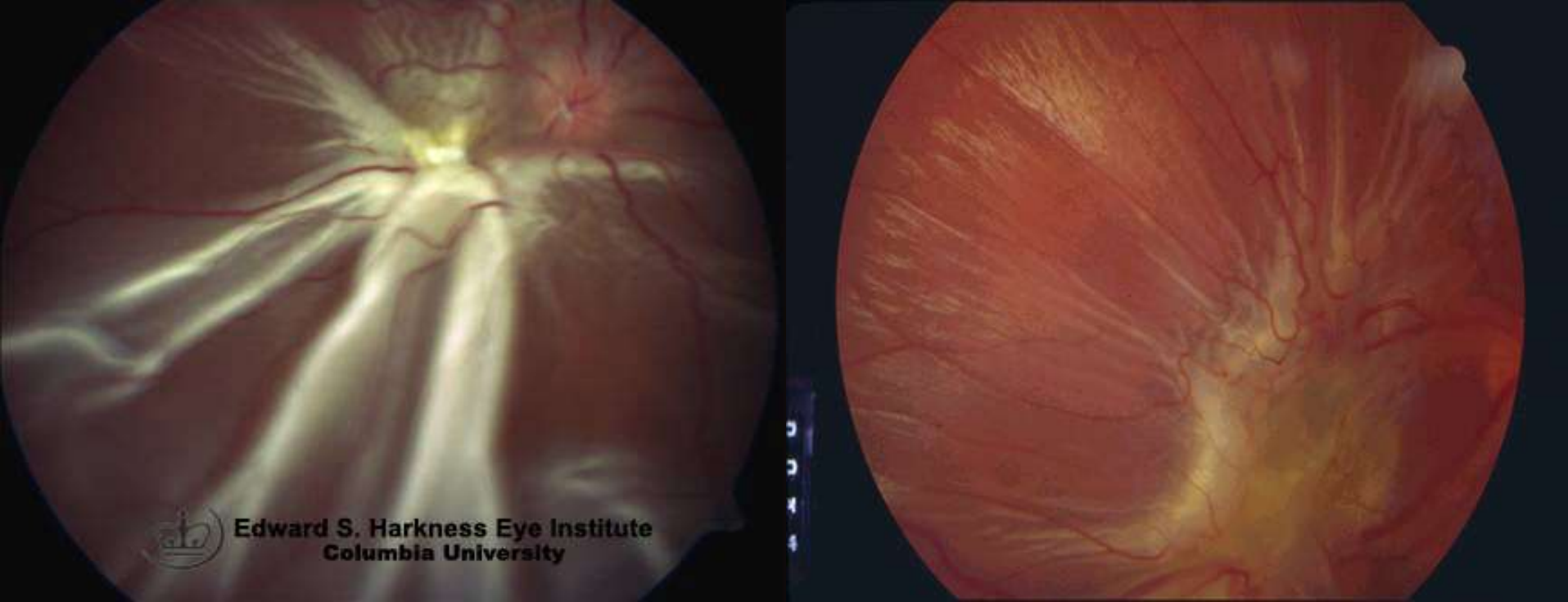
(69) Which is untrue as concerns this 54 years old lady?

- A) Ectropion uveae is typical.
- B) A posterior segment pathology is anticipated.
- C) Has a virgin (unoperated eye).
- D) The lens is opaque & in place.
- E) Iris pattern is normal.
- F) A & C.
- G) C & E.



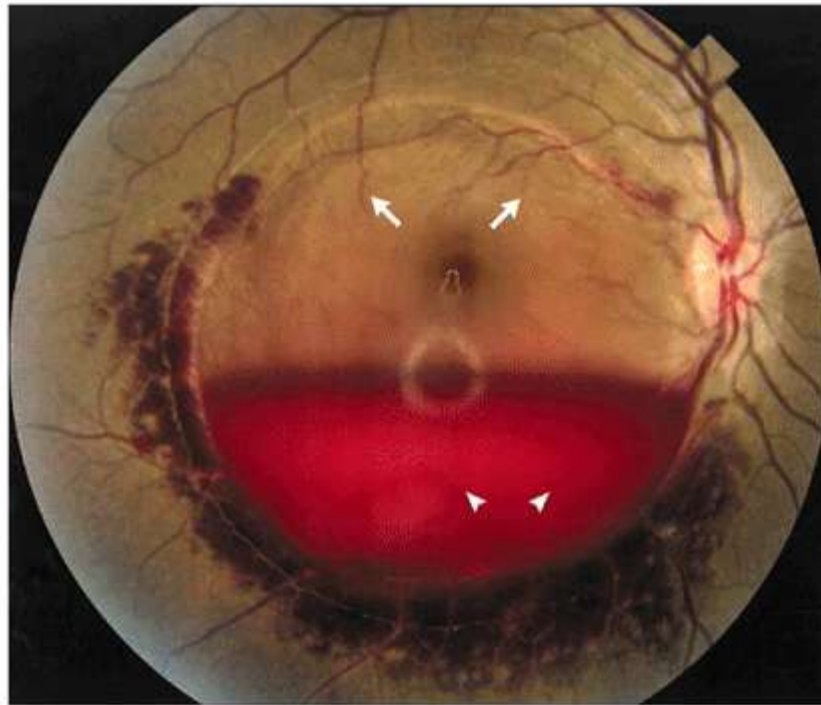
(40) Which is not a recognizable complication of this condition:

- A) Consecutive optic atrophy.**
- B) NVD.**
- C) Cystoid macular edema.**
- D) NVE.**
- E) Rubeosis irides.**
- F) Vitreous hemorrhage.**



(1) These fundus photos in diabetics signify:

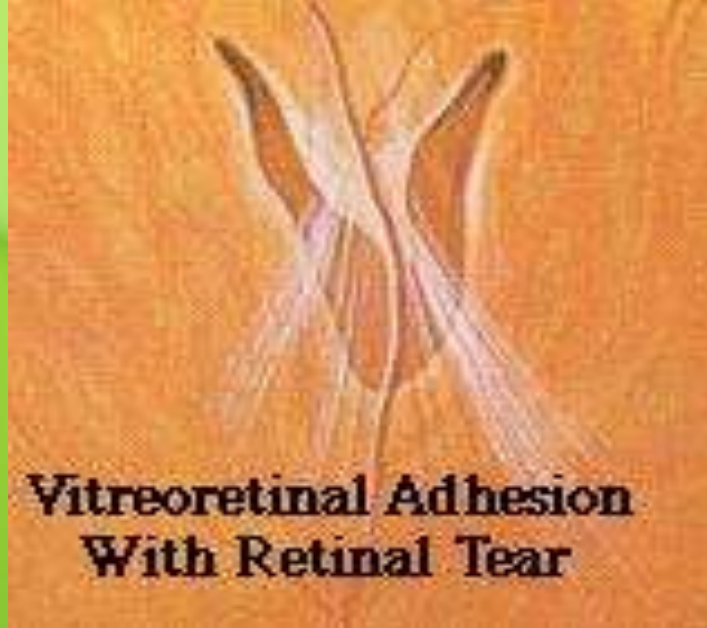
- A) Typical rhegmatogenous retinal detachment.
- B) Typical tractional retinal detachment.**
- C) Background diabetic retinopathy.
- D) Proliferative diabetic retinopathy.
- E) An entirely normal fundus.



(2) This patient suffers from:

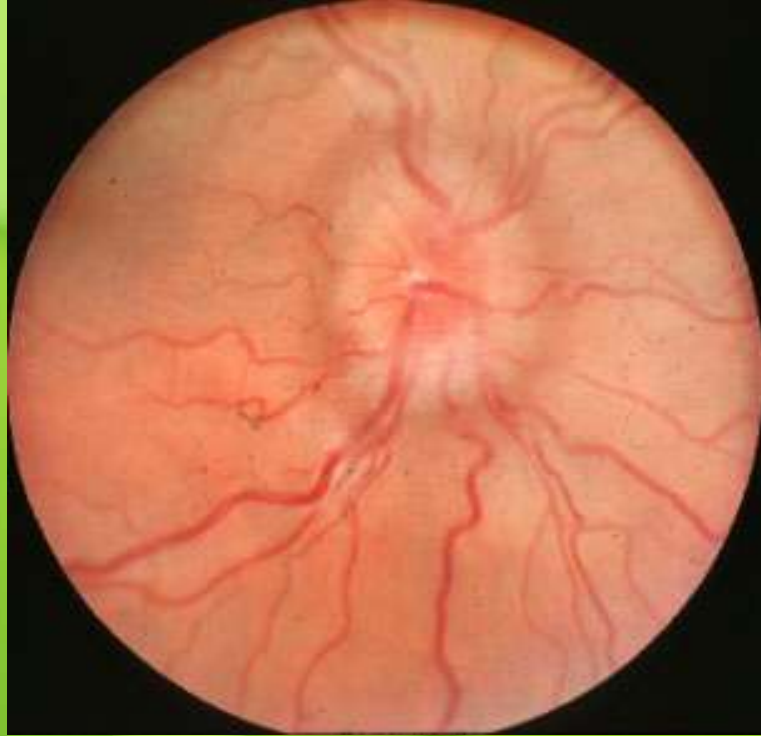
- A) Hyphema.
- B) Subhyaloid hemorrhage.**
- C) Flame-shaped retinal hemorrhage.
- D) Dot-blot retinal hemorrhages.
- E) None of the above.





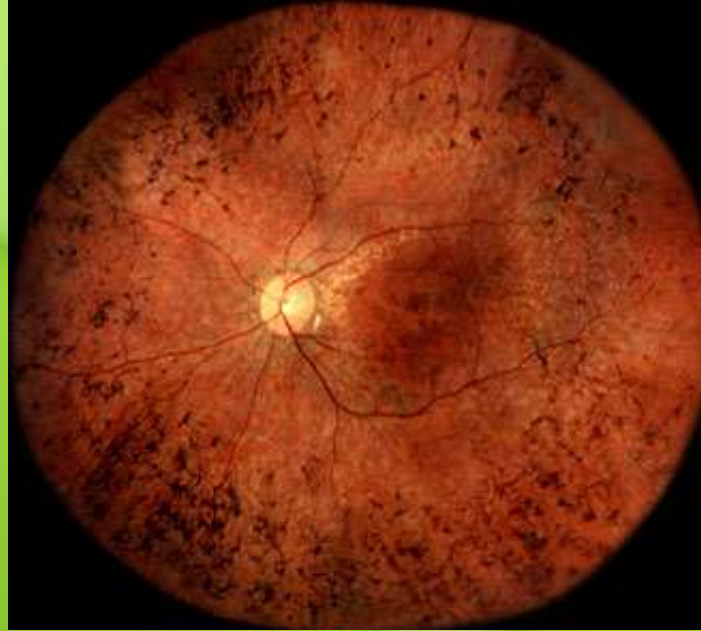
(3) This retinal lesion would produce all except:

- A) Photopsia.
- B) Muscae volitantes.
- C) Progressive retinal detachment.
- D) High IOP.
- E) Headache.
- F) D&E.



(4) This optic nerve lesion may be found in all except:

- A) Active inflammation of the optic nerve head.
- B) Brain tumours.
- C) Compressive optic neuropathy.
- D) Retinitis pigmentosa.**
- E) CRVO.



(44) The provisional diagnosis is:

- A) Branch retinal artery occlusion ( BRAO ).
- B) Central retinal artery occlusion ( CRAO ).
- C) Central retinal vein occlusion ( CRVO ).
- D) Branch retinal vein occlusion ( BRVO ).
- E) Rhegmatogenous retinal detachment.
- F) Retinitis pigmentosa.**



(4) This boy suffers from:

- A) Esotropia.
- B) Exotropia.**
- C) Esophoria.
- D) Exophoria.
- E) Hypertropia.





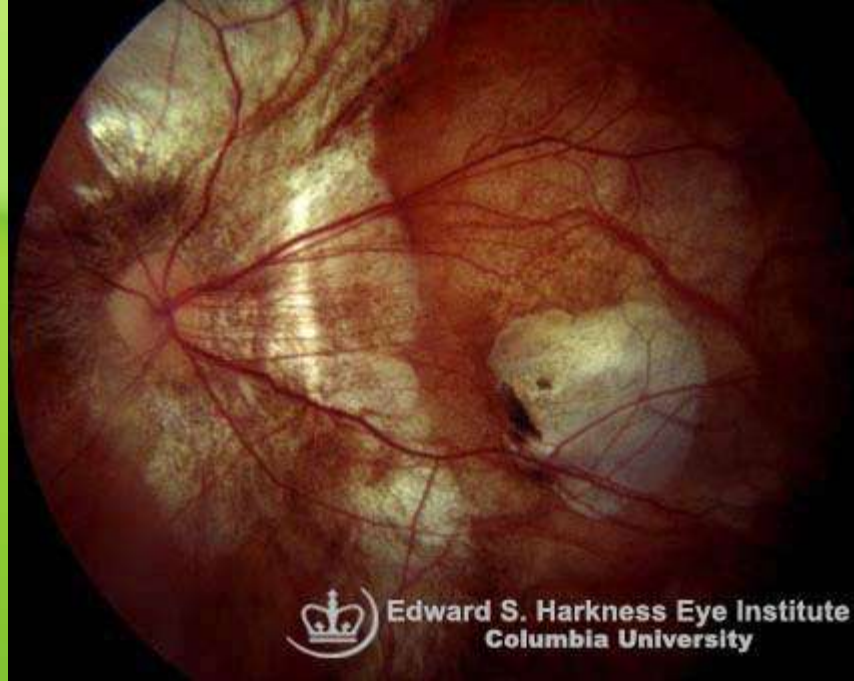
(5) The expected refraction in this patient is:

- A) -3 D of myopia.
- B) Emmetrope.
- C) -5 D of myopia.
- D) 4 D of hyperopia.
- F) -11 D of myopia.**
- G) None of the above.



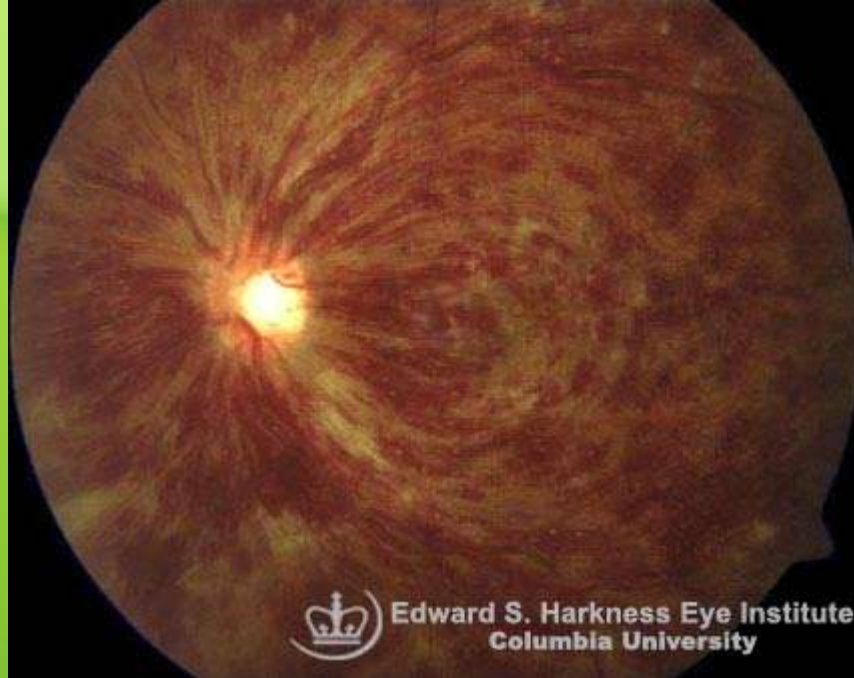
(6) The expected complaint in this patient is:

- A) Photopsia.
- B) Field defect.
- C) Diminution of vision.
- D) All of the above.**
- E) None of the above.



(7) This fundus appearance is typical for:

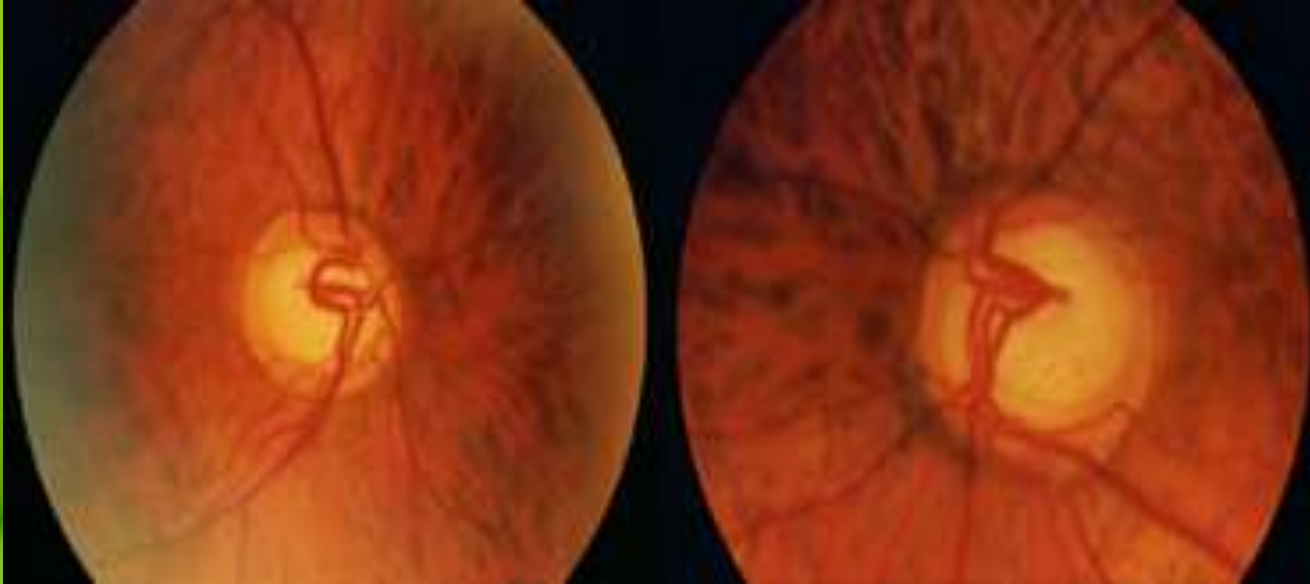
- A) Albinism.
- B) Central retinal artery occlusion.
- C) Central retinal vein occlusion.
- D) Retinitis pigmentosa.
- E) Degenerative myopia.



(8) This is the typical fundus appearance of:

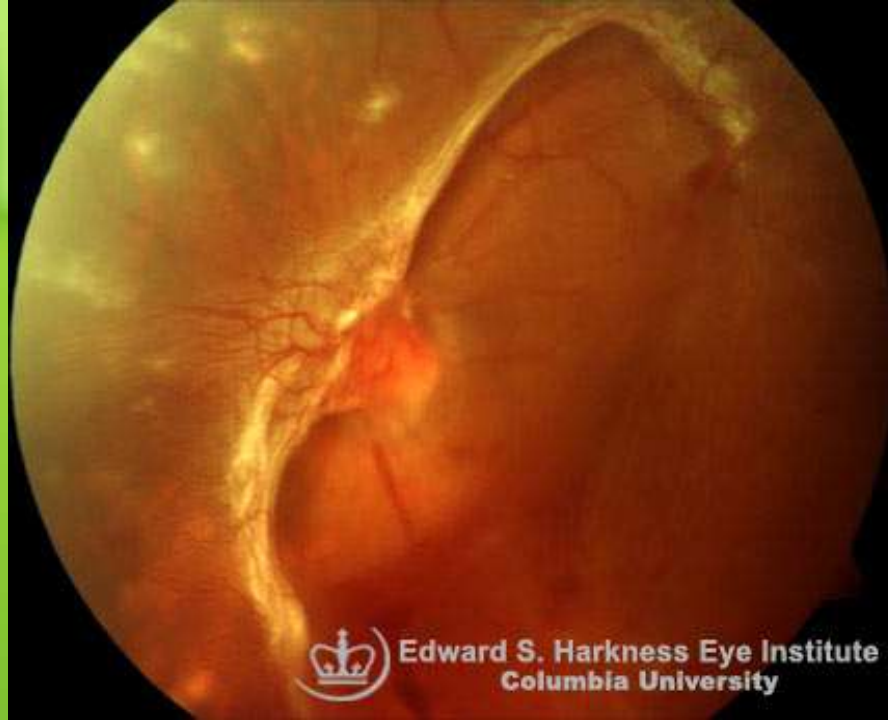
- A) CRAO.
- B) CRVO.**
- C) Retinitis pigmentosa.
- D) PDR.
- E) Hypertensive retinopathy.





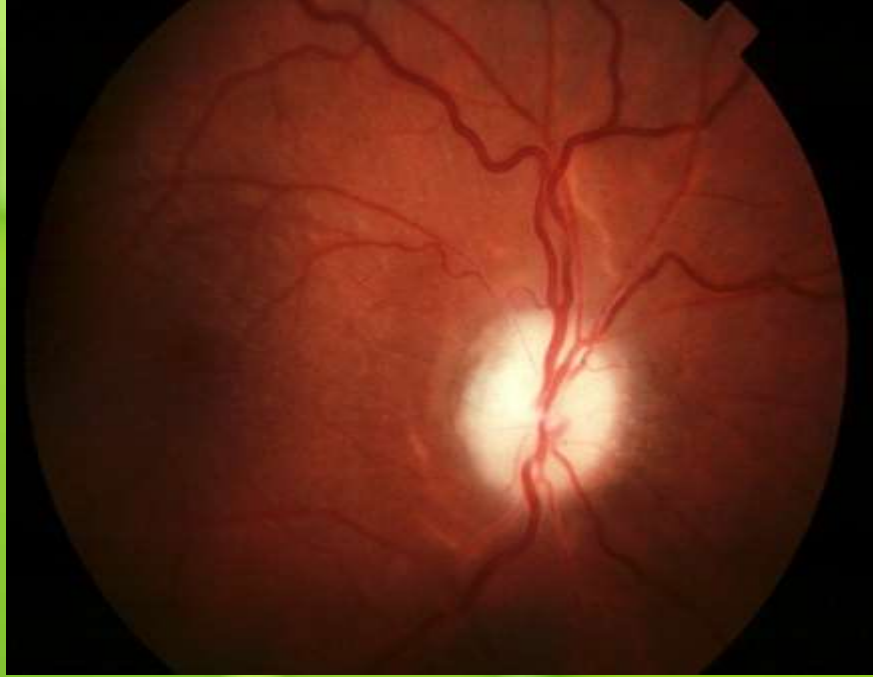
**(9) This woman suffers from:**

- A) Bilateral severe glaucomatous cupping.**
- B) Bilateral papilledema.**
- C) Bilateral papillitis.**
- D) Bilateral 1ry optic atrophy.**
- E) Nothing.**



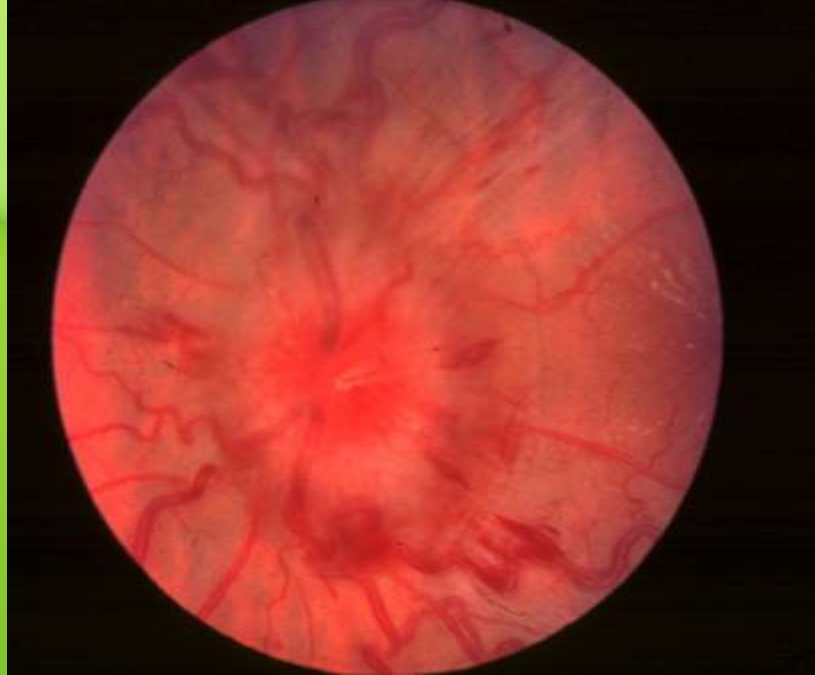
(10) This diabetic woman suffers from:

- A) Background diabetic retinopathy.
- B) Preproliferative diabetic retinopathy.
- C) Proliferative diabetic retinopathy.
- D) PDR with tractional retinal detachment.**
- E) None of the above.



(11) This man suffers from:

- A) Active papillitis.
- B) Optic atrophy.**
- C) Papilledema.
- D) Hypertensive retinopathy.
- E) None of the above.



(12) The differential diagnosis would include all of the following except:

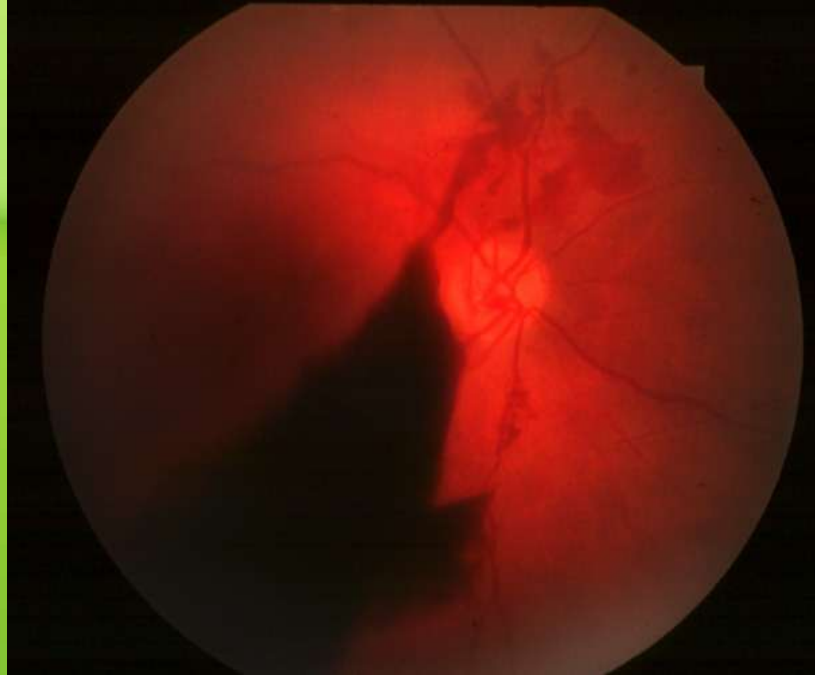
- A) Optic atrophy.**
- B) Central retinal vein occlusion.**
- C) Papilledema.**
- D) Papillitis.**
- F) Hypertensive retinopathy.**





**(13) The following may complicate this condition except:**

- A) Rubeosis irides.**
- B) Neovascular glaucoma.**
- C) Malignant glaucoma.**
- D) Macular edema.**
- F) Acute congestive glaucoma.**
- G) C&F.**



(14) This diabetic patient is classified as having:

- A) Background diabetic retinopathy.
- B) Preproliferative diabetic retinopathy.
- C) Proliferative diabetic retinopathy.
- D) PDR with vitreous hemorrhage.**
- E) None of the above.



(15) This diabetic man has :

- A) Entirely normal fundus.
- B) Rhegmatogenous retinal detachment.
- C) Tractional retinal detachment.
- D) Advanced neovascularization.**
- E) Retinitis pigmentosa.



(16) This patient would suffer from all except:

- A) Nyctalopia.
- B) Tubular field.
- C) Consecutive optic atrophy.
- D) Day blindness.
- F) Hemianopic field defect.
- G) D&F.**





(17) This fundus photograph delineates a:

A) Typical hypertensive retinopathy.

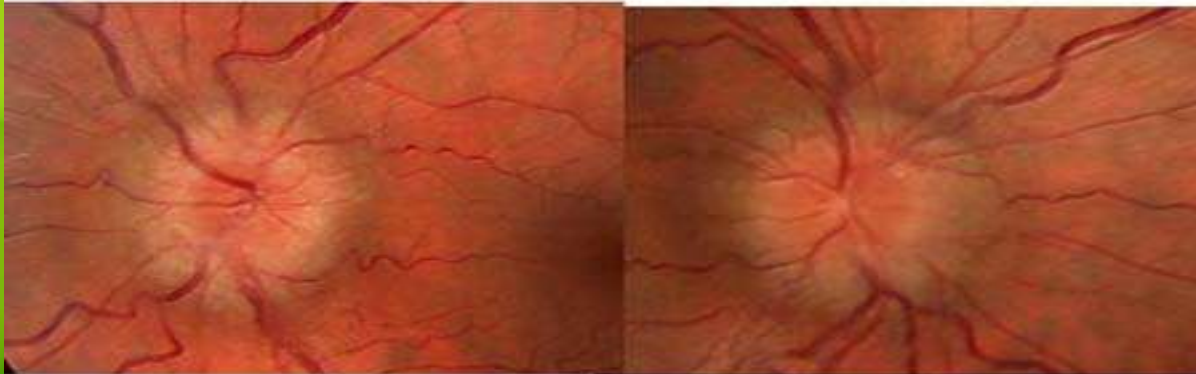
**B) Highly myopic fundus.**

C) PDR fundus.

D) CRAO fundus.

E) CRVO fundus.

F) None of the above.



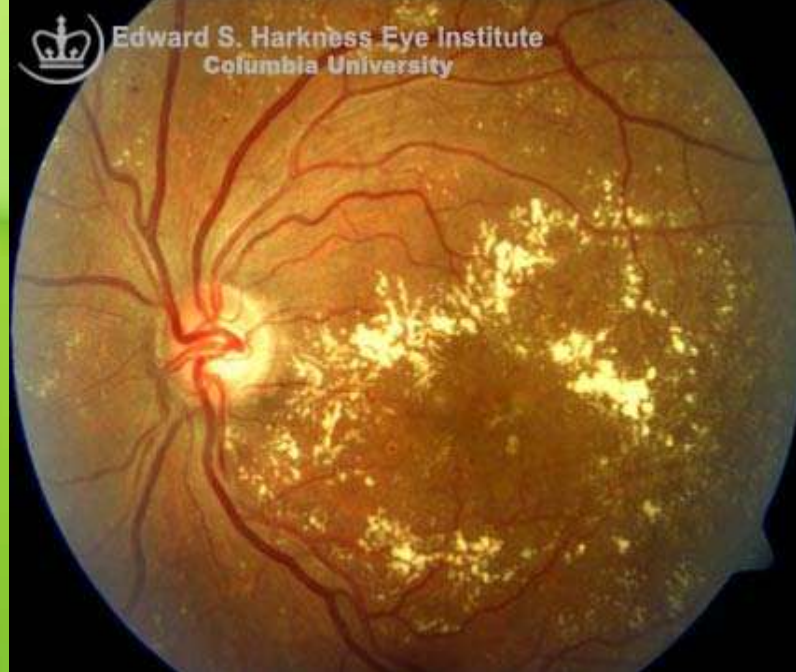
(18) This man presented with severe headache, vomiting & transient attacks of visual loss. The provisional diagnosis would be:

- A) Bilateral papillitis.
- B) Papilledema.**
- C) Typhoid fever.
- D) CRVO.
- E) None of the above.



(20) This 67 years old lady presented with sudden painless loss of vision. On exam., her VA were PL. Anterior segment exam. was unremarkable. Which is untrue:

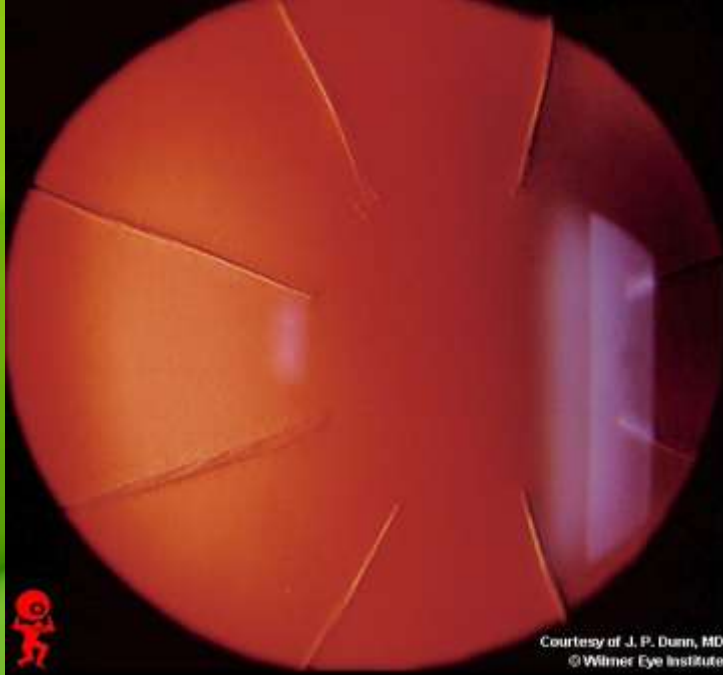
- A) Atherosclerosis may be an underlying factor.
- B) Cardiolovascular examination is important.
- C) Has a good prognosis.
- D) Anterior chamber paracentesis may be needed.
- E) Firm ocular massage may be of help.



(21) Visual problems in this young diabetic man may be due to:

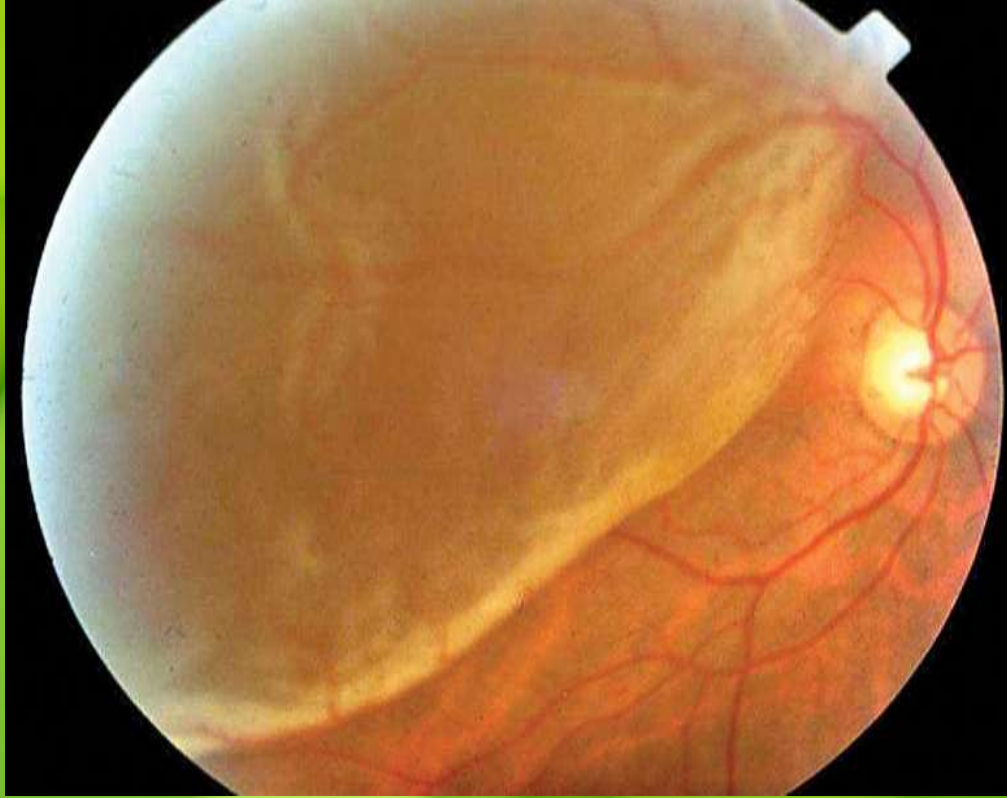
- A) Macular edema.
- B) Macular ischemia.
- C) Fluctuation in the blood sugar.
- D) All of the above.**
- E) None of the above.





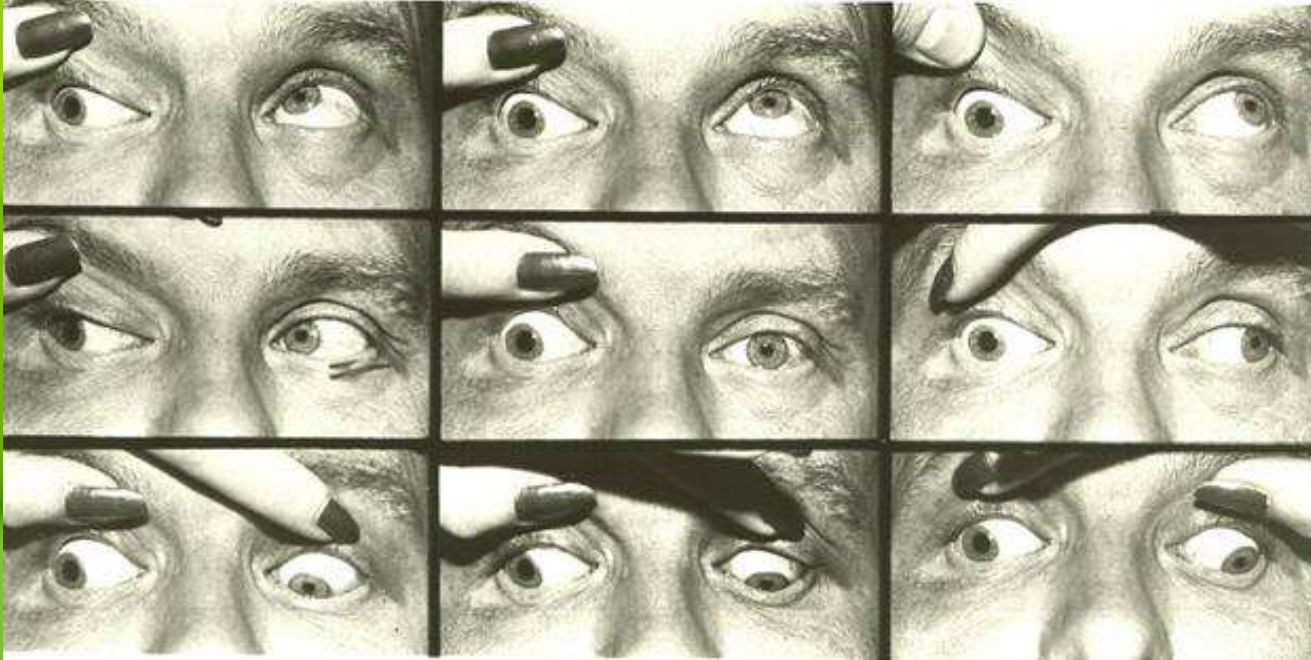
15) Which is false regarding this surgical technique ?

- A) Is useful in moderate hyperopia.
- B) Produces central corneal flattening.
- C) Refractive correction could regress due to healing of the incisions.
- D) Is almost an obsolete surgery nowadays.
- F) The central 3-4 mm optical zone is not incised.



**(22) The typical presentation in this patient would be:**

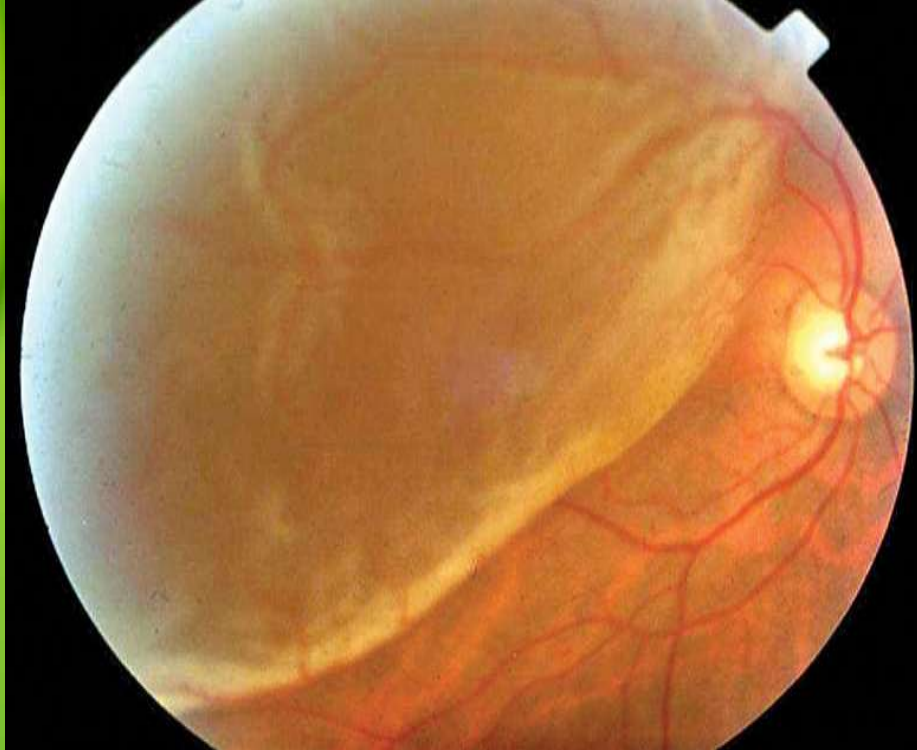
- A) Inferonasal visual field defect.**
- B) Superonasal visual field defect.**
- C) Central visual field defect.**
- D) Superotemporal visual field defect.**
- E) Inferotemporal visual field defect.**



(11) This is the typical extraocular motility pattern of:

- A) A normal person.
- B) Left oculomotor palsy.
- C) Right oculomotor palsy.**
- D) Left abducens palsy.
- E) Right abducens palsy.

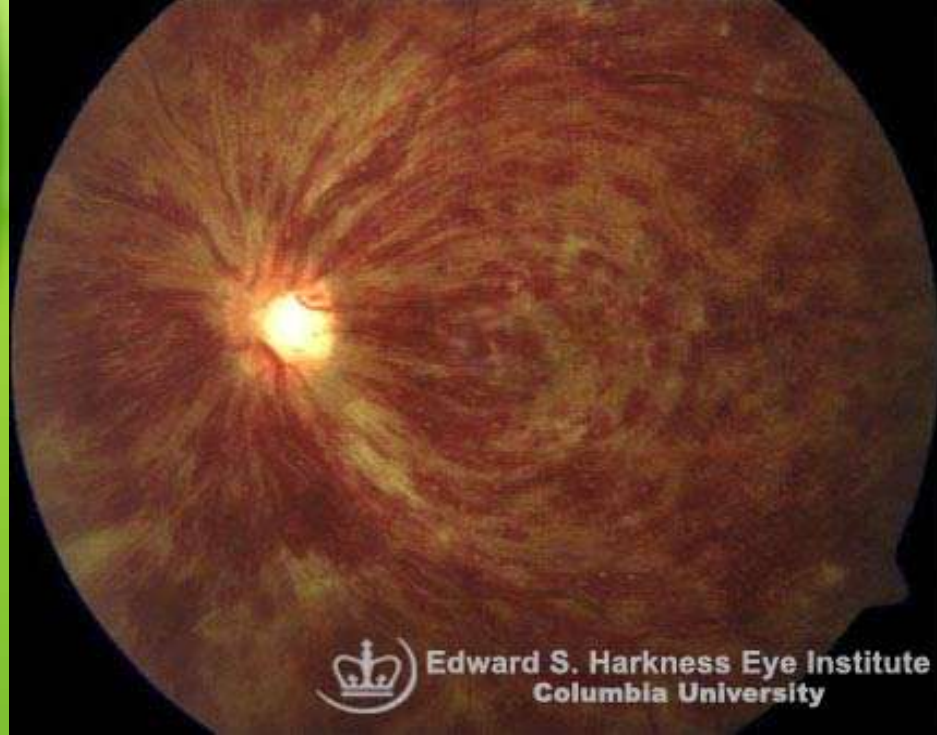




(23) The most likely IOP value in this patient would be:

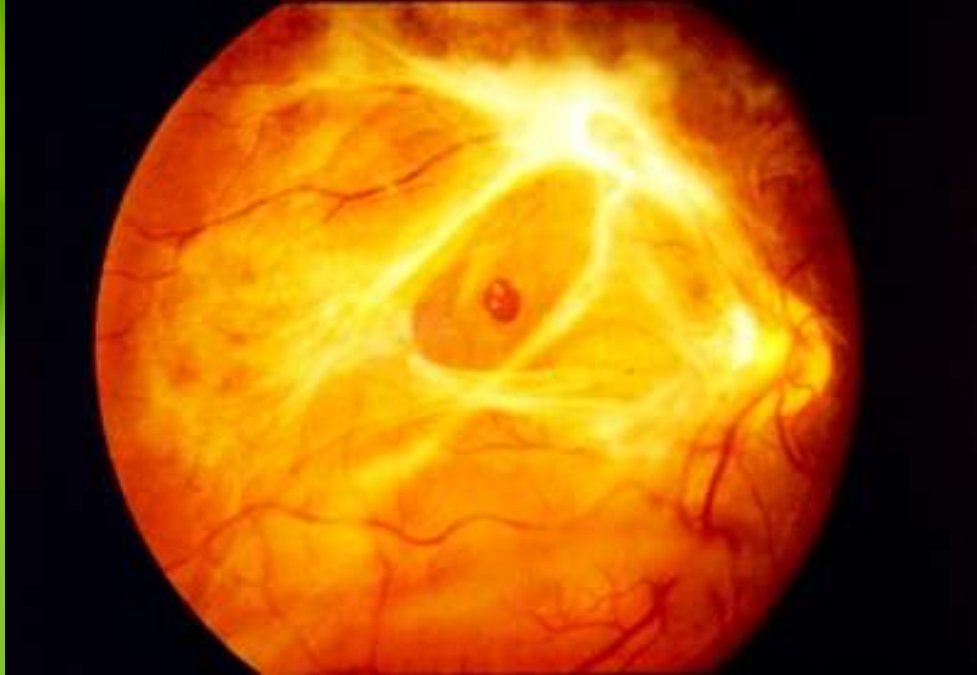
- A) 18 mmHg.
- B) 13 mmHg.
- C) 6 mmHg.**
- D) 26 mmHg.
- E) I can not tell.





(24) Concerning this patient, all is true except:

- A) Atherosclerosis is a definite risk factor.
- B) IOP is typically hypotonous after 3 months.
- C) Vision may drop due to macular edema.
- D) Typically presents in the early morning.
- F) May lead to rubeosis irides.



(25) This diabetic man has:

- A) An entirely normal fundus oculi appearance.
- B) Nonproliferative diabetic retinopathy.
- C) Proliferative diabetic retinopathy.
- D) PDR with tractional retinal detachment.**
- E) Central retinal vein occlusion.



(26) This instrument is used for:

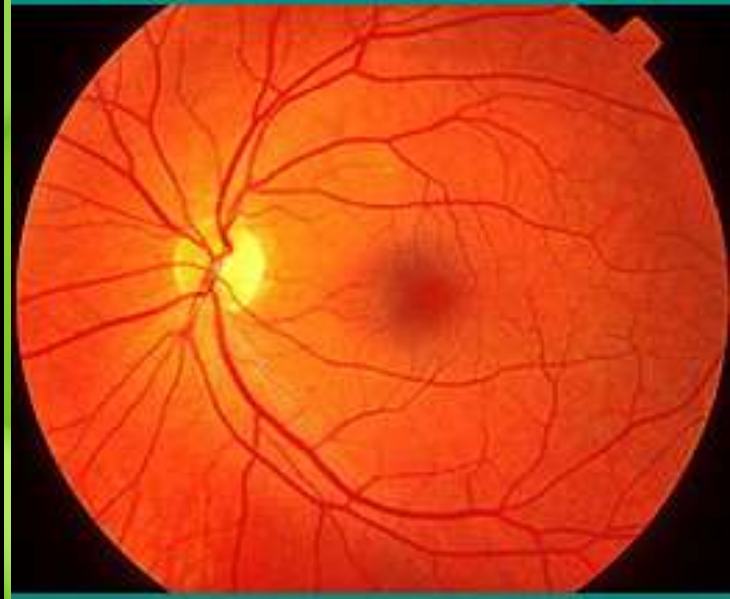
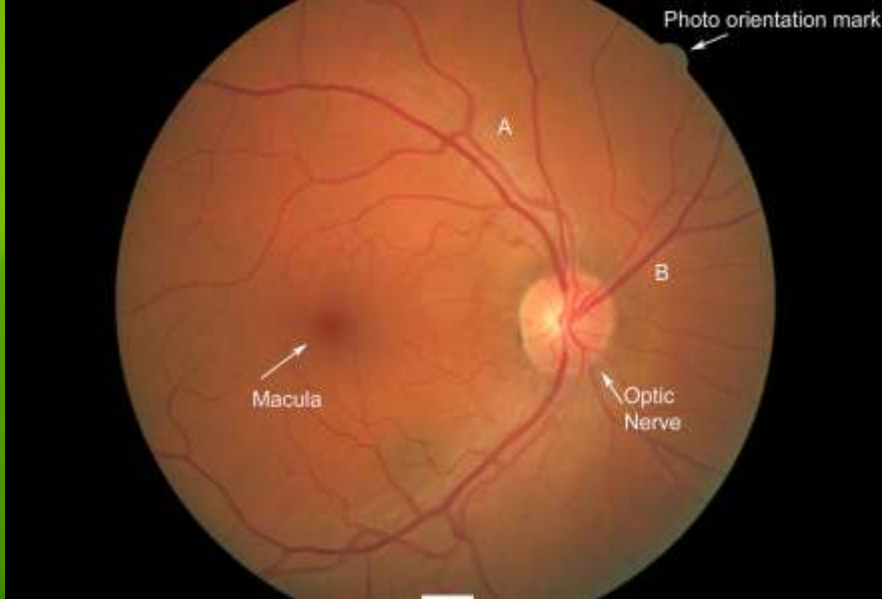
- A) Examining the anterior chamber angle.
- B) Testing the corneal sensation.
- C) Examining the fundus oculi.**
- D) Estimation of the corneal thickness.
- E) Assessment of the ocular refractive status.



(27) This apparatus is helpful for:

- A) Examining the eye with magnification up to the anterior 1/3 of the vitreous in clear media.
- B) Examining the fundus oculi aided with certain corneal contact lenses.
- C) IOP measurement via a mounted Goldmann applanation tonometer.
- D) Evaluation of the red reflex.
- E) All of the above.





(28) This is the typical fundus picture of:

- A) Retinitis pigmentosa.
- B) Central retinal artery occlusion (CRAO).
- C) Central retinal vein occlusion (CRVO).
- D) A normal person.**
- E) A highly myopic person.
- F) Proliferative diabetic retinopathy (PDR).



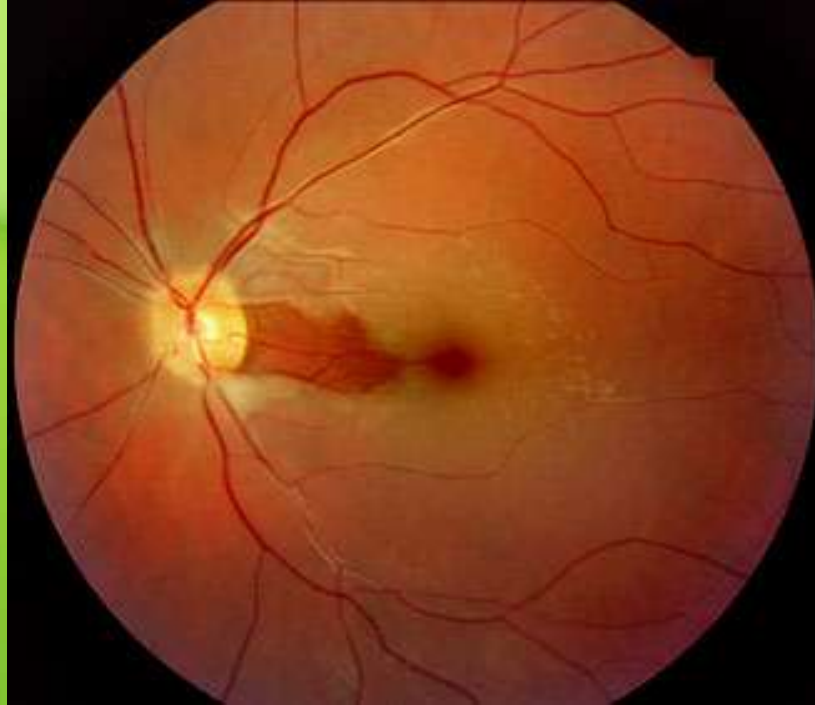
(29) This diabetic lady has all of the following except:

- A) Dot-blot & flame-shaped retinal hemorrhages.
- B) Hard exudates.
- C) Microaneurysms.
- D) Macular edema.
- F) NVD.**



(30) This macular lesion may be found in:

- A) Diabetic maculopathy.
- B) Hypertensive retinopathy.
- C) Neuroretinitis.
- D) All of the above.**
- E) None of the above.



(32) This 50 years old man has:

- A) A central retinal vein occlusion (CRVO).
- B) A central retinal artery occlusion (CRAO).
- C) Retinitis pigmentosa.
- D) A central retinal artery occlusion (CRAO) with sparing of the cilioretinal arteries.
- E) An entirely normal fundus picture.





**(34) Which is false concerning this patient?**

- A) Liable to get elevated IOP after 3 months.**
- B) Has dot, blot as well as flame-shaped retinal hemorrhages.**
- C) Has cotton-wool spots.**
- D) Has dilated, elongated & tortuous retinal veins.**
- E) Has a cherry-red spot.**



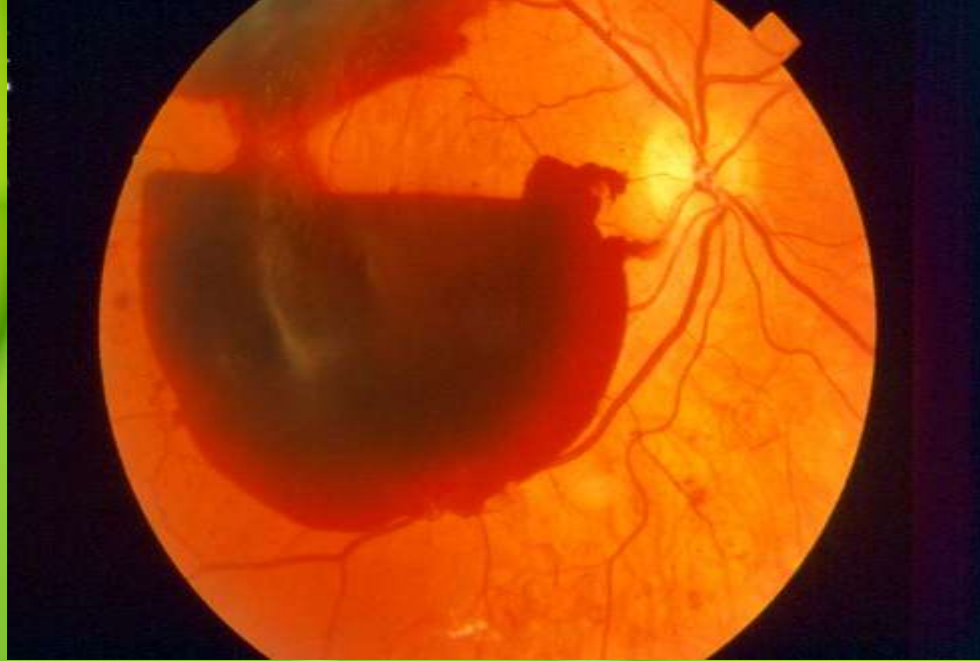
(35) This diabetic man has:

- A) Nonproliferative diabetic retinopathy (NPDR).
- B) Preproliferative diabetic retinopathy.
- C) Proliferative diabetic retinopathy (PDR) with tractional retinal detachment.**
- D) Proliferative diabetic retinopathy with rhegmatogenous retinal detachment.
- E) Proliferative diabetic retinopathy (PDR).



(36) This macular appearance is unusual in:

- A) Retinitis pigmentosa.**
- B) Neuroretinitis.**
- D) Diabetic retinopathy.**
- E) Malignant hypertension.**
- F) Papilledema.**



(37) Poor vision in this diabetic is due to:

- A) Macular edema.
- B) Preretinal hemorrhage overlying the macula.**
- C) Macular ischemia.
- D) Neovascular glaucoma.
- E) Vitreous hemorrhage.
- F) Tractional macular detachment.





**(38) The hemorrhages on the inferior disc margin are termed:**

- A) Flame-shaped.**
- B) Dot.**
- C) Blot.**
- D) Subhyaloid (preretinal).**
- E) Hyphema.**
- F) None of the above.**



(39) Diminution of vision in this diabetic is due to:

- A) Vitreous hemorrhage.
- B) Macular edema.**
- C) Tractional macular detachment.
- D) Dense preretinal hemorrhage overlying the macula.
- E) Neovascular glaucoma.



(9) This 5 years old girl has:

- A) Lamellar cataract.**
- B) Anterior polar cataract.**
- C) Pyramidal cataract.**
- D) Posterior polar cataract.**
- E) Coronary cataract.**



(10) The mother of this boy claims that he has deviated eyes. Which type of squint he has?

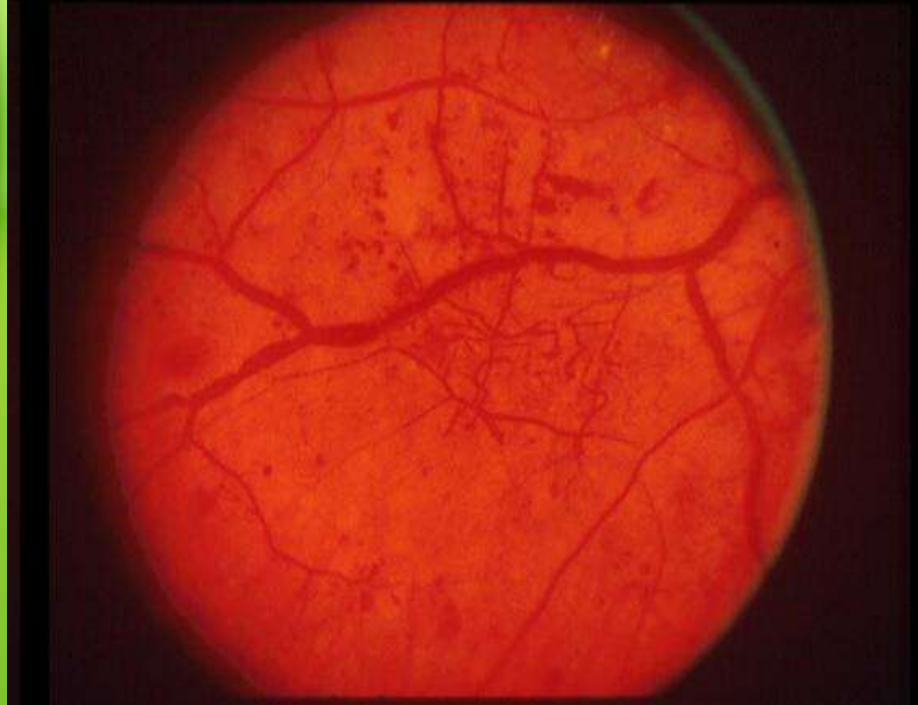
- A) Esotropia.
- B) Esophoria.
- C) Pseudoesodeviation.**
- D) Exotropia.
- E) Exophoria.





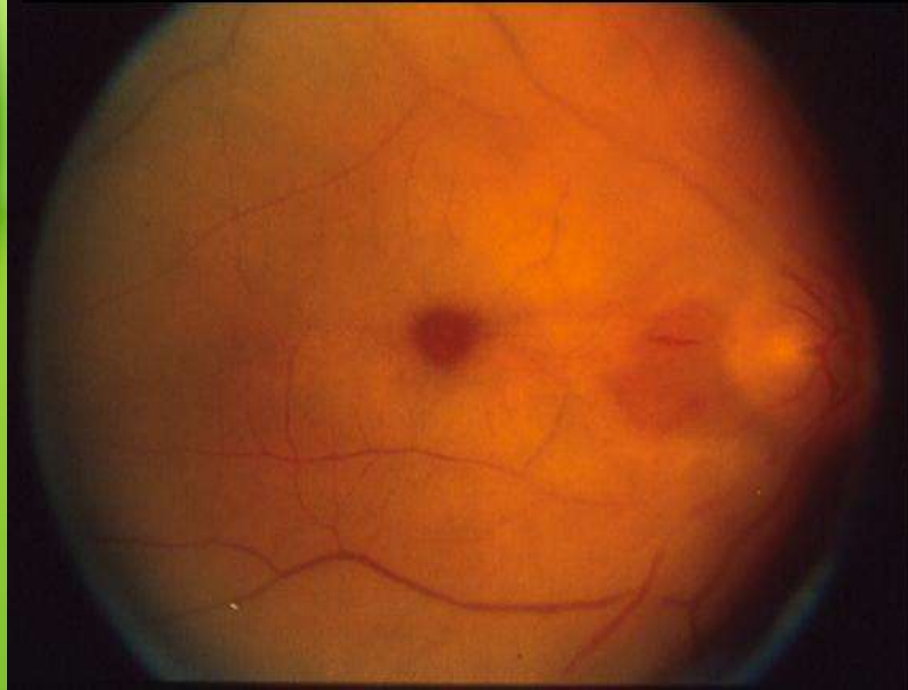
(12) This rod in this orientation is used for diagnosing:

- A) Heterotropia.
- B) Vertical phorias.**
- C) Horizontal phorias.
- D) Apparent squint.
- E) None of the above.



(42) This sign is termed:

- A) NVD.
- B) NVI ( rubeosis irides ).
- C) NVE.**
- D) Subhyaloid hemorrhage.
- E) None of the above.



(43) The provisional diagnosis is:

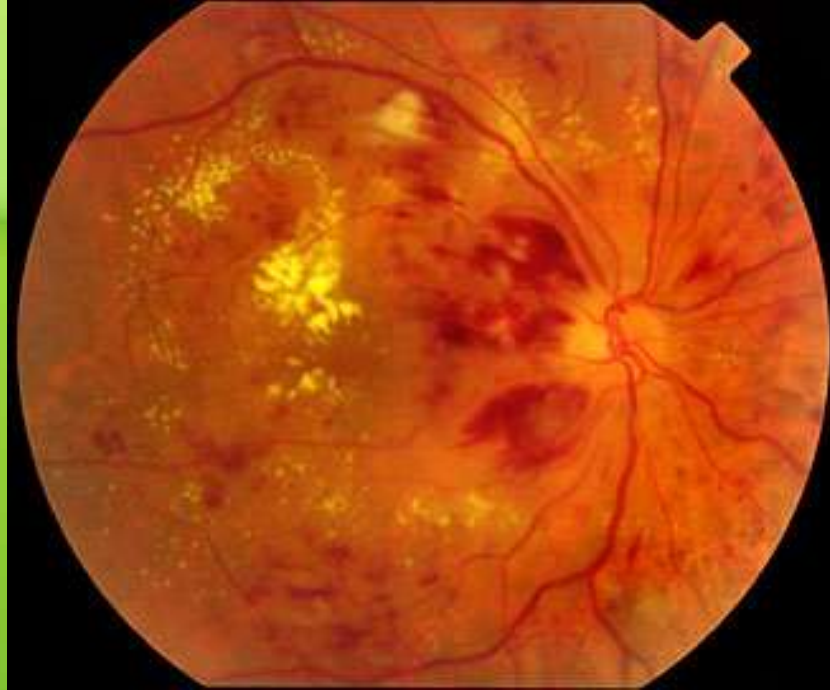
- A) Branch retinal artery occlusion ( BRAO ).
- B) Central retinal artery occlusion ( CRAO ).**
- C) Central retinal vein occlusion ( CRVO ).
- D) Branch retinal vein occlusion ( BRVO ).
- E) Rhegmatogenous retinal detachment.
- F) Retinitis pigmentosa.



(45) The provisional diagnosis is:

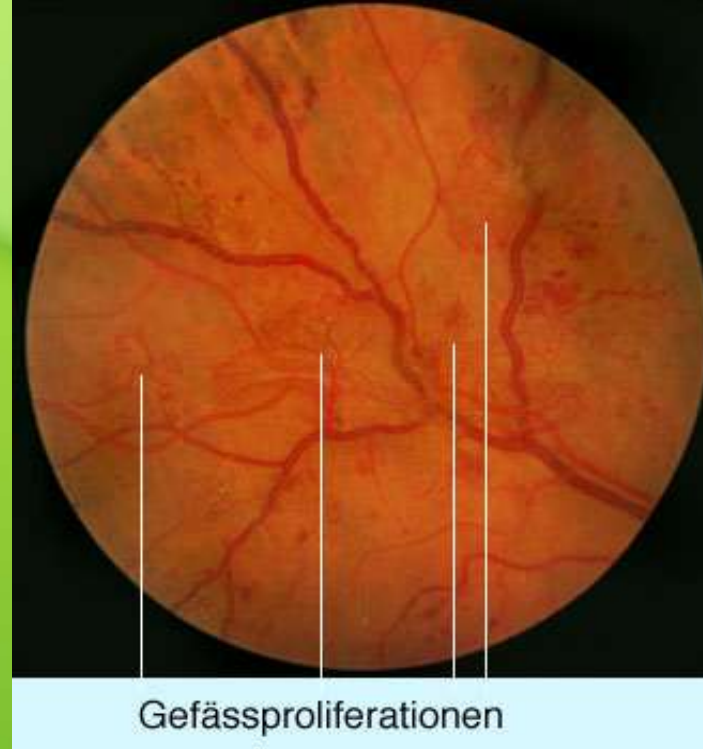
- A) Branch retinal artery occlusion ( BRAO ).
- B) Central retinal artery occlusion ( CRAO ).
- C) Central retinal vein occlusion ( CRVO ).
- D) Branch retinal vein occlusion ( BRVO ).
- E) Rhegmatogenous retinal detachment (RD).
- F) Retinitis pigmentosa.





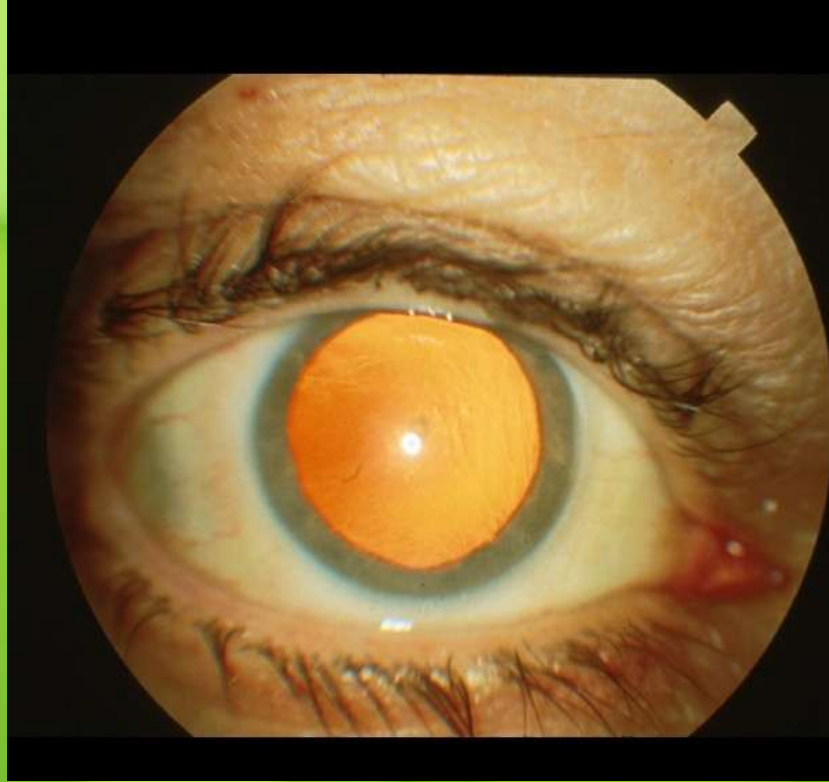
(46) Which is not found in this diabetic fundus?

- A) Macular edema.
- B) Hard exudates.
- C) Soft exudates( cotton-wool patches).
- D) Dot,blot & flame-shaped retinal hemorrhages.
- E) NVE.
- F) Microaneurysms.
- G) NVD.
- H) E & G.



(47) This arrowed lesions are termed:

- A) NVE.
- B) NVD.
- C) NVI ( rubeosis irides ).
- D) Preretinal hemorrhage.
- E) None of the above.



(48) The reflex in the pupil is that of:

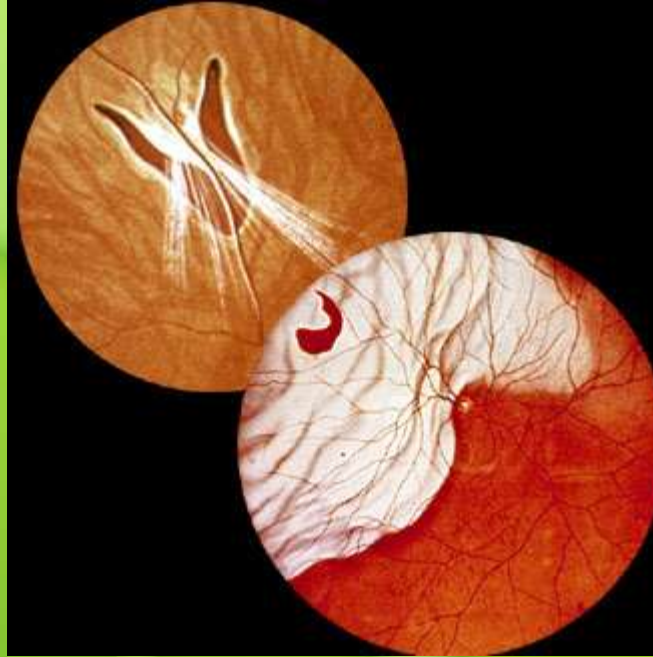
- A) Vitreous hemorrhage.
- B) Endophthalmitis.
- C) Cataracta nigra.
- D) A normal person.
- E) Retinal detachment.
- F) None of the above.



(49) These fundus findings are not encountered in:

- A) Retinitis pigmentosa (RP).**
- B) Proliferative diabetic retinopathy (PDR).**
- C) Branch retinal vein occlusion (BRVO).**
- D) Central retinal vein occlusion (CRVO).**
- E) Carotid occlusive disease.**





(50) Concerning these retinal findings, which is false?

- A) A high IOP is typical.**
- B) Photopsia & muscae may occur.**
- C) Progressive field defect usually occurs.**
- D) Marcus-Gunn pupil may be detected in advanced cases.**
- E) The indirect ophthalmoscope is the instrument of choice for fundus visualization.**



(51) These patients presented with flashes of light in their visual fields. Which is false concerning this laser technique?

- A) This technique aims to minimize the incidence of retinal detachment.
- B) Is applied via the slit lamp.
- C) Aseptic choroiditis achieved → chorioretinal scar formation.
- D) Can be applied in cases of true rhegmatogenous retinal detachments.
- E) Laser is applied in 2-3 rows around the retinal lesion.



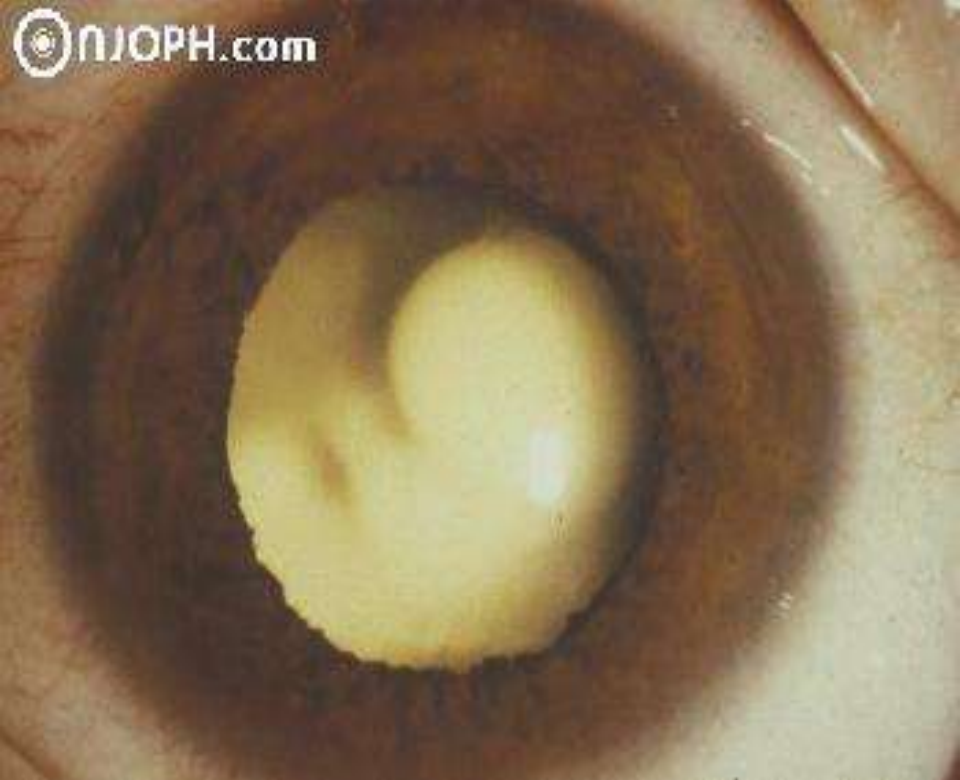
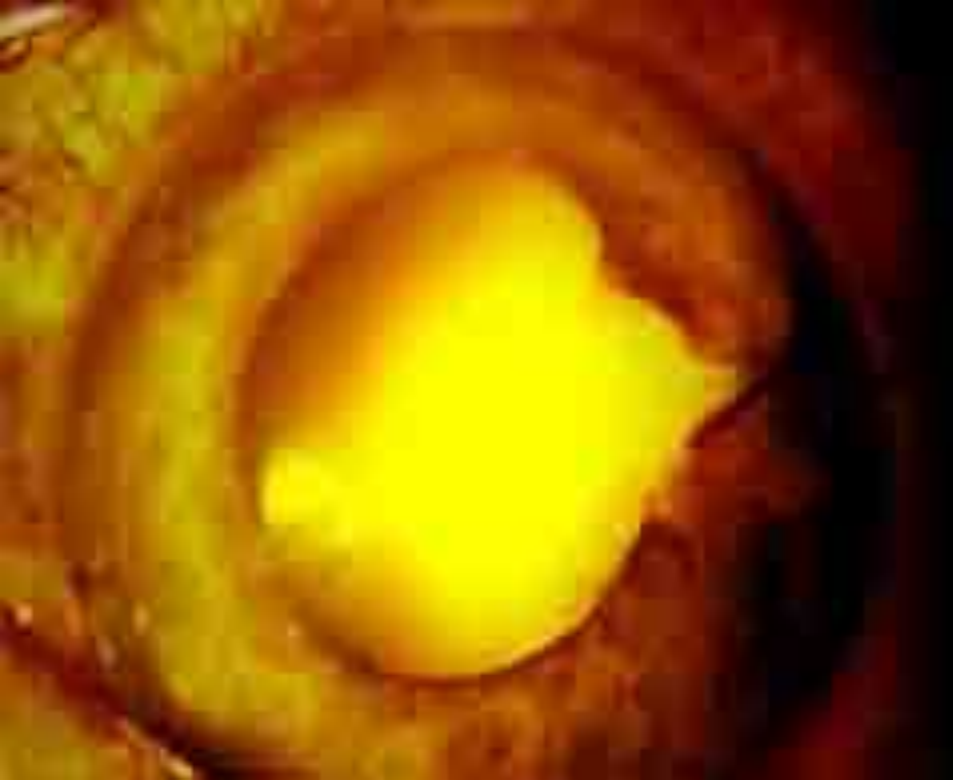
- (52) Concerning this lady, which is not logic to encounter?
- A) Photopsia.
  - B) Muscae volitantes.
  - C) Progressive inferior visual field defect.
  - D) Ocular headache.**
  - F) Hypotony.
  - G) Diminution of vision if the macula gets involved.



(53) All is true as concerns this cryoprobe application during rhegmatogenous retinal detachment surgery except:

- A) It is applied over the entire area of detachment.**
- B) The retinochoroidal reaction is visualized via the indirect ophthalmoscope as an iceball formation.**
- C) It induces aseptic choroiditis → chorioretinal scar formation.**
- D) The temperature is lowered to -60 to -80 C°.**
- E) It is applied over the edges of the retinal break.**





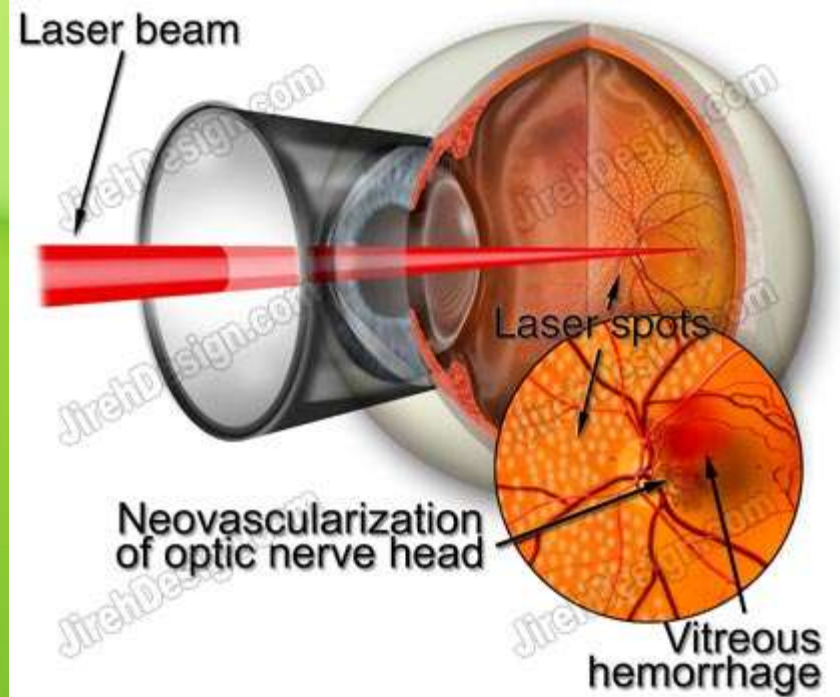
(54) These fundus reflexes are typical for:

- A) Vitreous hemorrhage.
- B) Endophthalmitis.
- C) Retinal detachment.
- D) Cataracta nigra.
- E) Panophthalmitis.
- F) B & E.



(55) All is true about the material sutured to the sclera except:

- A) Relieves vitreous traction on retinal breaks.
- B) Can be radial, encircling or circumferential.
- C) The material is sutured directly over the retinal breaks.
- D) Helpful in exudative retinal detachment.
- E) Is usually left indefinitely.



(56) This laser therapy :

- A) Is useful in cases with proliferative diabetic retinopathy.
- B) Decreases the amount of viable retinal tissue.
- C) Decreases the production of angiogenic materials.
- D) Aids in absorption of vitreous hemorrhage.
- E) The macula, optic nerve head & retinal blood vessels are avoided.
- F) All of the above.

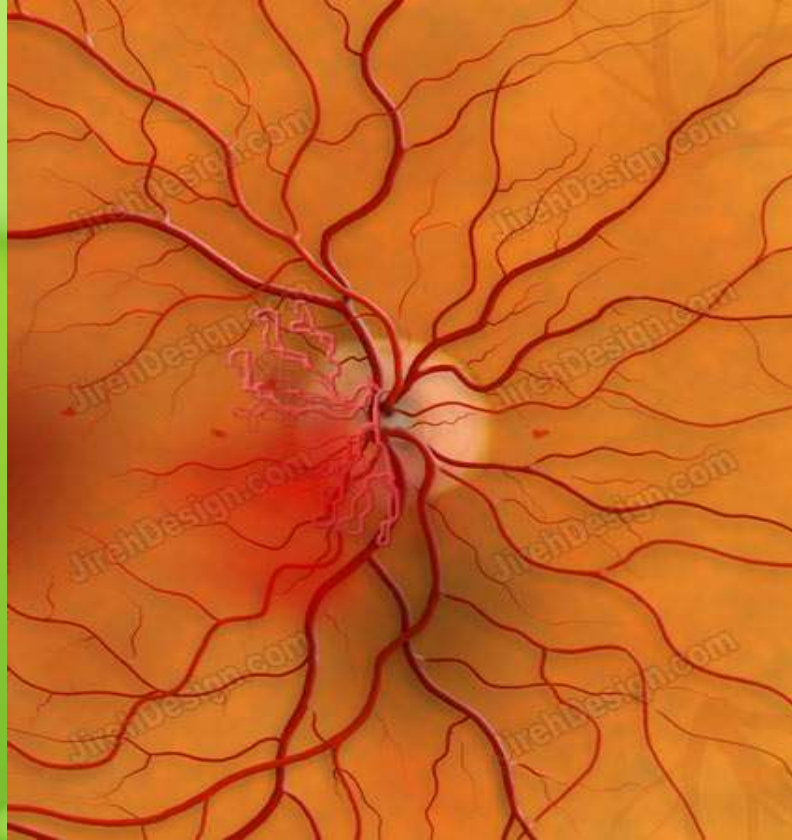




(57) To repair this retinal problem, all of the following may be needed except:

- A) Systemic steroids.**
- B) Cryotherapy to retinal breaks.**
- C) Insertion of a scleral buckling element over the responsible retinal breaks.**
- D) Drainage of subretinal fluid.**
- E) Pars plana vitrectomy.**





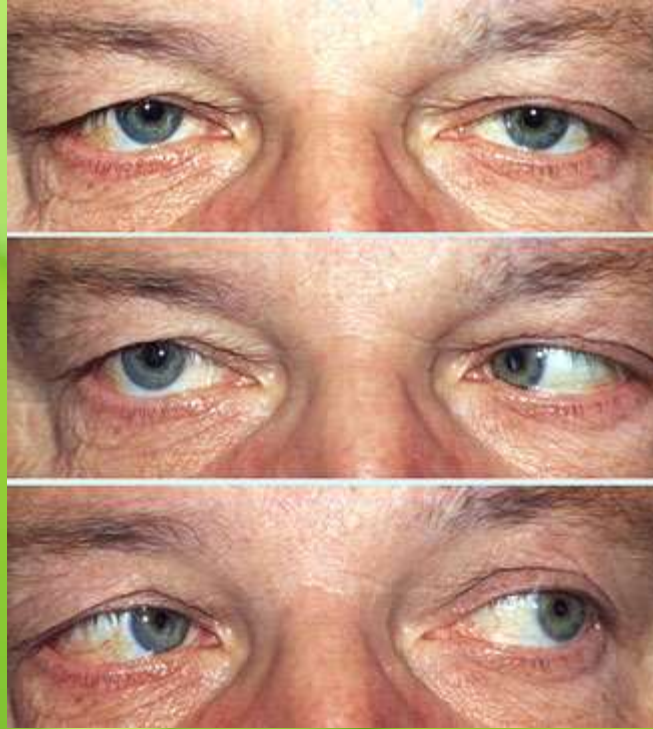
(59) The extravessels arising from the optic nerve head of this 60 years old diabetic lady are considered a sign of:

- A) Retinal edema.
- B) Retinal ischemia.**
- C) Retinal telangiectasia.
- D) Retinal congenital malformation.
- E) None of the above.



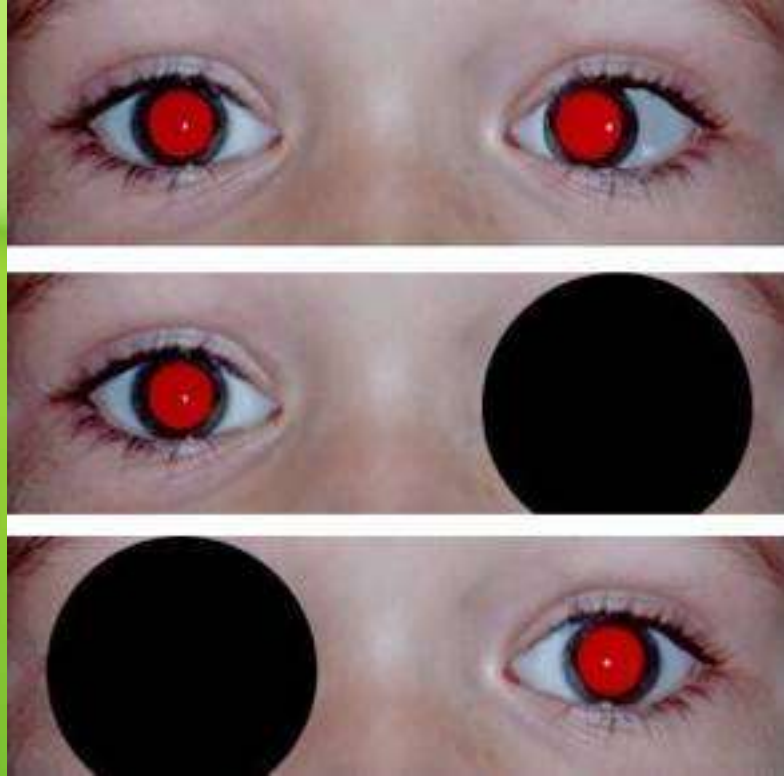
(5) This young girl has:

- A) Left esophoria.
- B) Left esotropia.**
- C) Left exophoria.
- D) Left exotropia.
- E) Left hypertropia.
- F) None of the above.



(6) This is the typical appearance of:

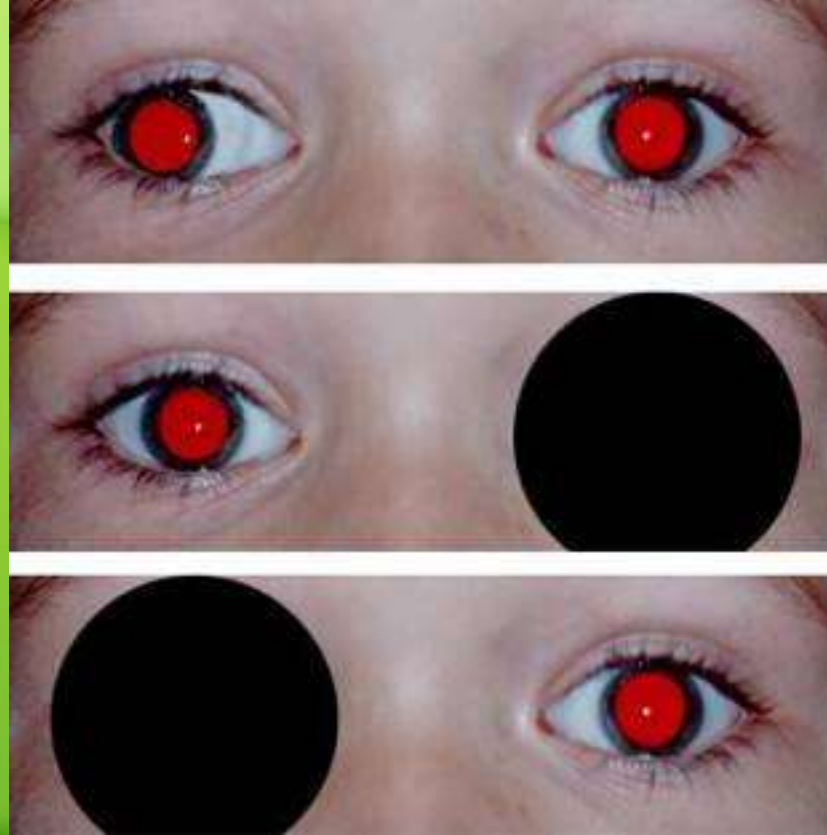
- A) Left oculomotor palsy.
- B) A normal extraocular motility.
- C) Right abducens palsy.**
- D) Left abducens palsy.
- F) Right oculomotor palsy.



(7) This girl suffers from:

- A) Apparent squint.
- B) Left esophoria.
- C) Right esophoria.
- D) Left esotropia.
- E) Right esotropia.
- F) A & D.





**(8) This girl suffers from:**

- A) Apparent squint.**
- B) Left esophoria.**
- C) Right esophoria.**
- D) Right esotropia.**
- E) Right exotropia.**
- F) A & E.**



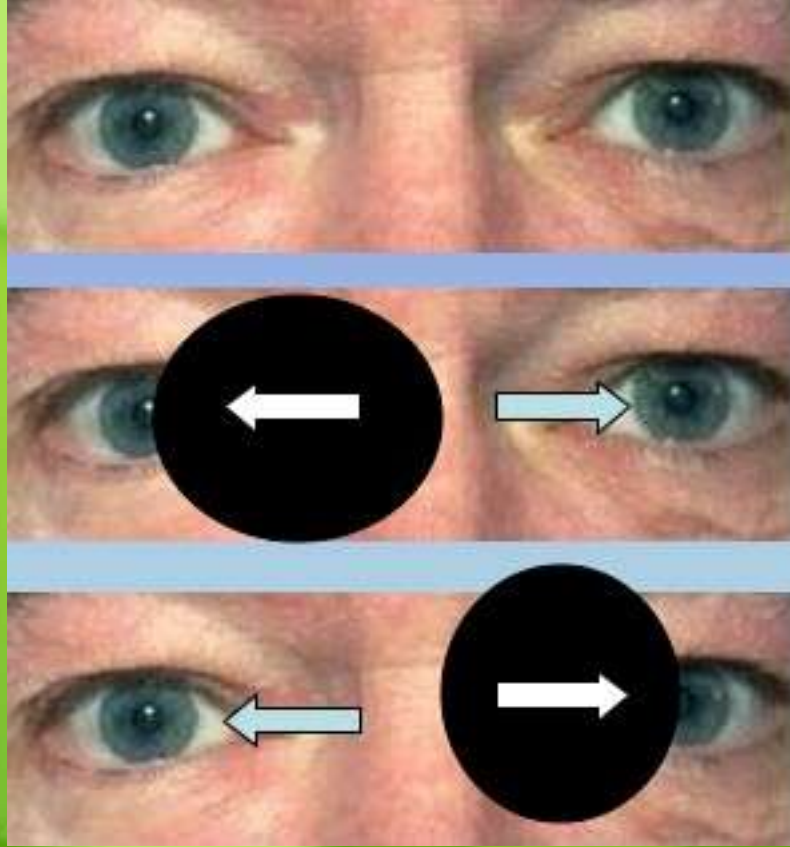
(9) This is the typical extraocular motility pattern of:

- A) Left abducens palsy.
- B) A normal person.
- C) Right oculomotor palsy.
- D) Myasthenia gravis.
- E) Left oculomotor palsy.**



**(36) As concerns the iris, this man has:**

- A) An iris bombe`.**
- B) Atrophic iris patches.**
- C) A muddy iris.**
- D) Rubeosis irides.**
- E) None of the above.**



(13) This man has:

- A) Orthophoria.
- B) Heterophoria.**
- C) Right exotropia.
- D) Left exotropia.
- E) Right esotropia.





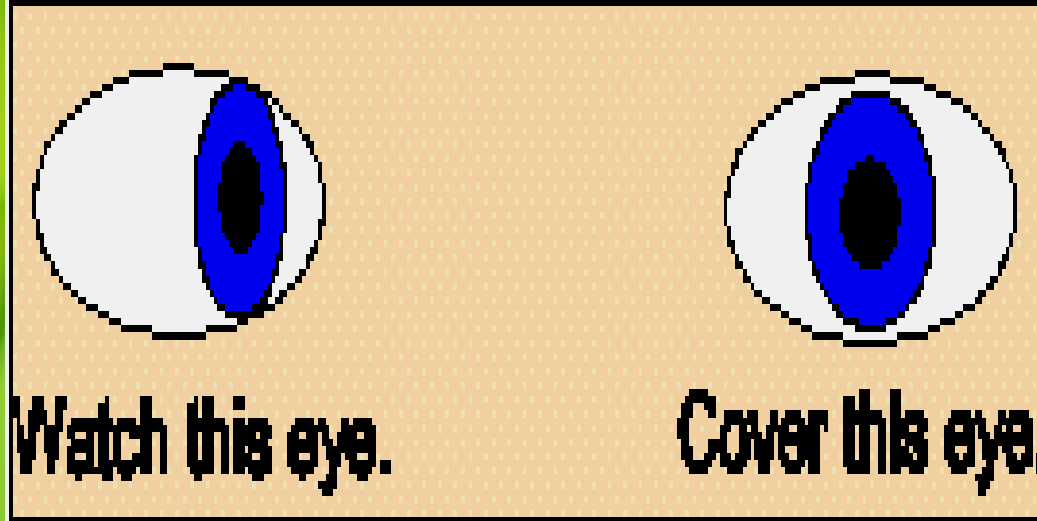
(14) This boy has:

- A) Alternating concomitant convergent squint.**
- B) Left concomitant convergent squint.**
- C) Right concomitant convergent squint.**
- D) Right hypertropia.**
- E) Left hypertropia.**



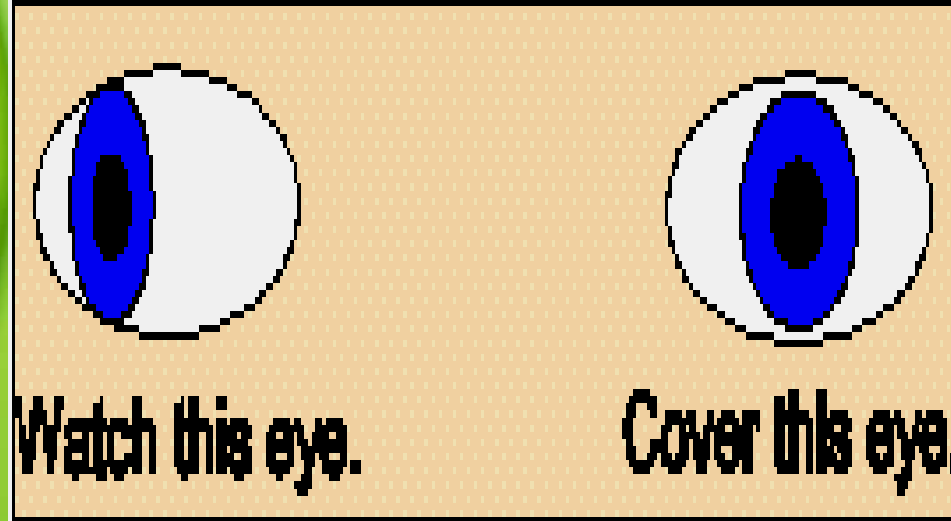
(15) The expected (OD) refraction in this 18 months old boy is:

- A) Emmetropia.
- B) – 2.00 D. sphere.
- C) + 4.00 D. sphere.**
- D) – 1.00 D. cylinder.
- E) I can not tell.



**(16) This man has:**

- A) Right esotropia.**
- B) Right esophoria.**
- C) Right exotropia.**
- D) Right exotropia.**
- E) Right hypertropia.**



(17) This lady has:

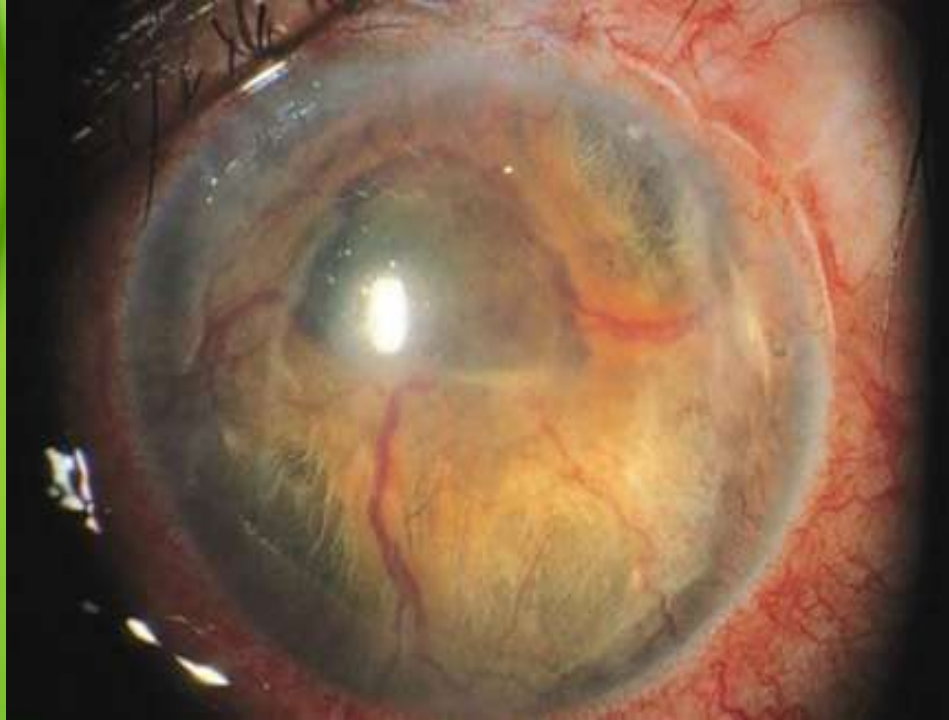
- A) Right esotropia.
- B) Right esophoria.
- C) Right exotropia.**
- D) Right exotropia.
- E) Right hypertropia.





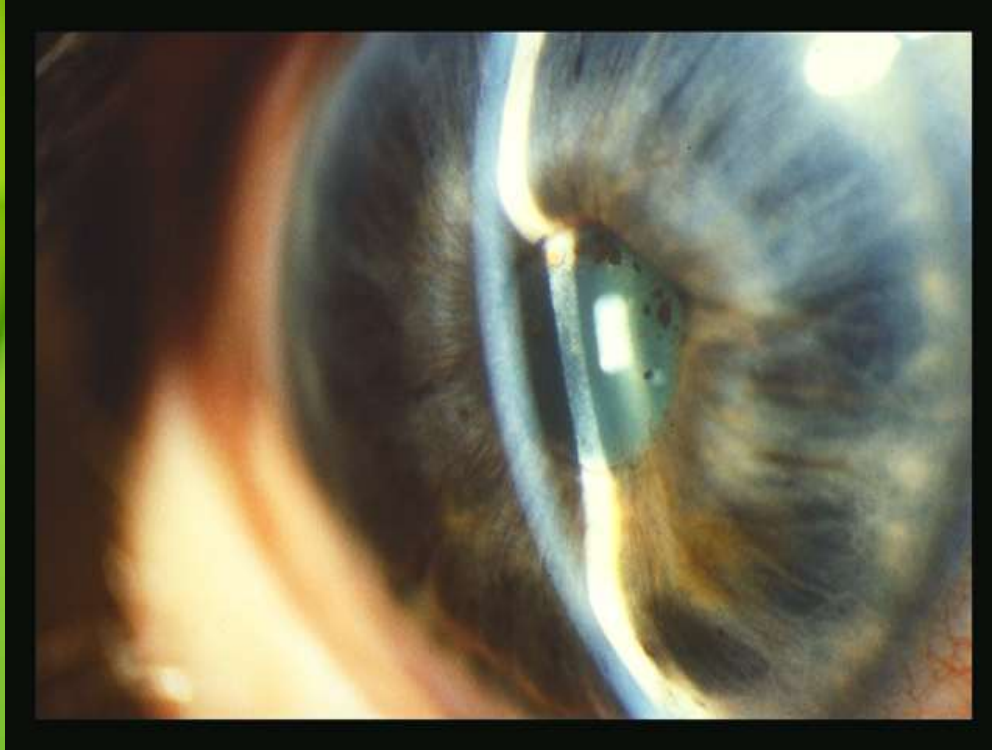
(21) The opening in the upper iris is termed:

- A) Key hole iridectomy.
- B) Peripheral iridectomy.**
- C) Sector iridectomy.
- D) Iris coloboma.
- E) Wide basal iridectomy.



**(22) Regarding this patient, all is correct except:**

- A) Has a normal iris pattern.**
- B) Has severe rubeosis irides.**
- C) Ciliary injection is characteristic.**
- D) IOP is 14 mmHg.**
- E) A&C.**
- F) A&D.**



**(23) Concerning this patient, all is true except:**

- A) He has 1ry angle closure glaucoma.**
- B) He has 2ry angle closure glaucoma.**
- C) He has ring synechiae.**
- D) He has a typical iris bombe`.**
- E) He has irregular anterior chamber depth.**





(24) As regards the iris, this patient has:

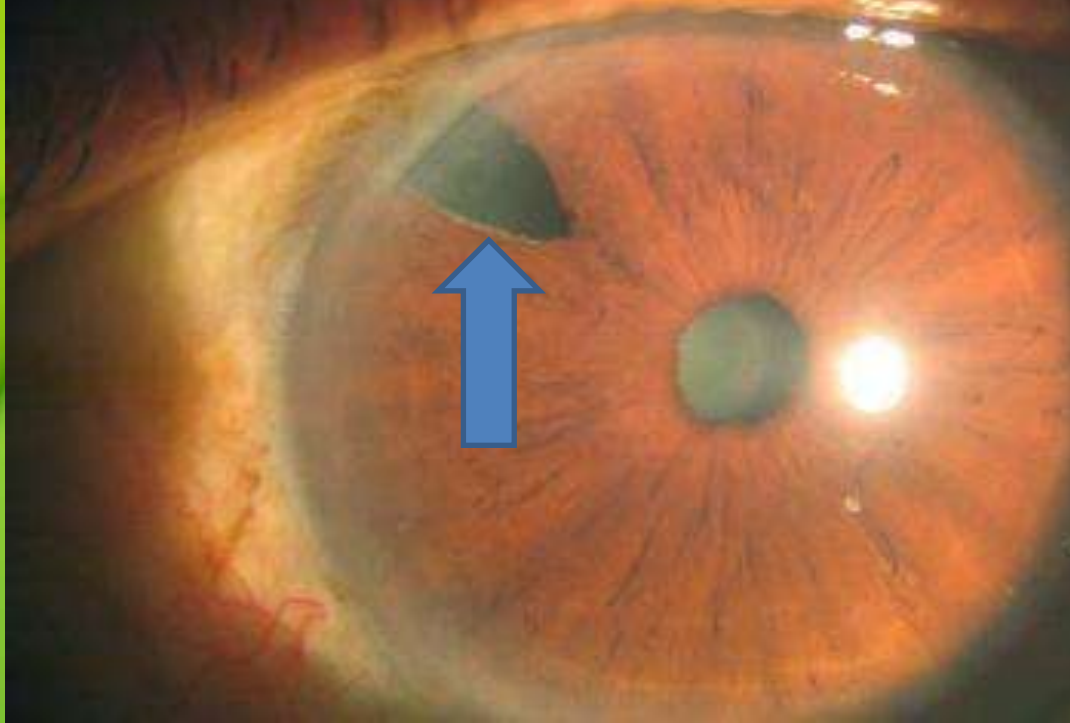
- A) Muddy iris.
- B) Heterochromia irides.**
- C) Acute iritis.
- D) Iris bombe`.
- E) None of the above.





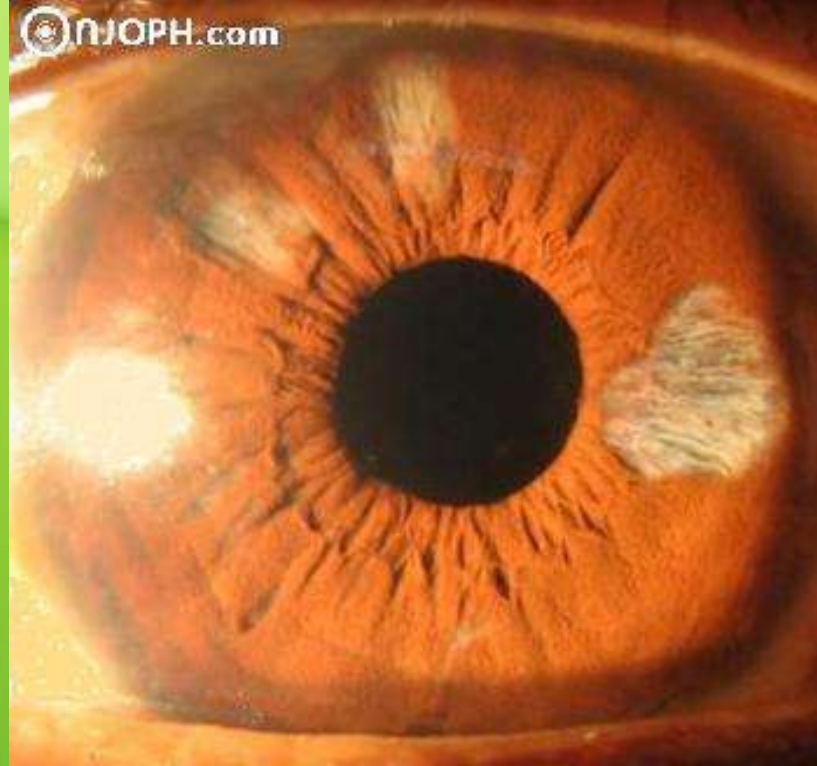
(25) This patient has :

- A) A festooned pupil.**
- B) An occlusio pupillae.
- C) A muddy iris.
- D) A grey fundus reflex.
- F) None of the above.



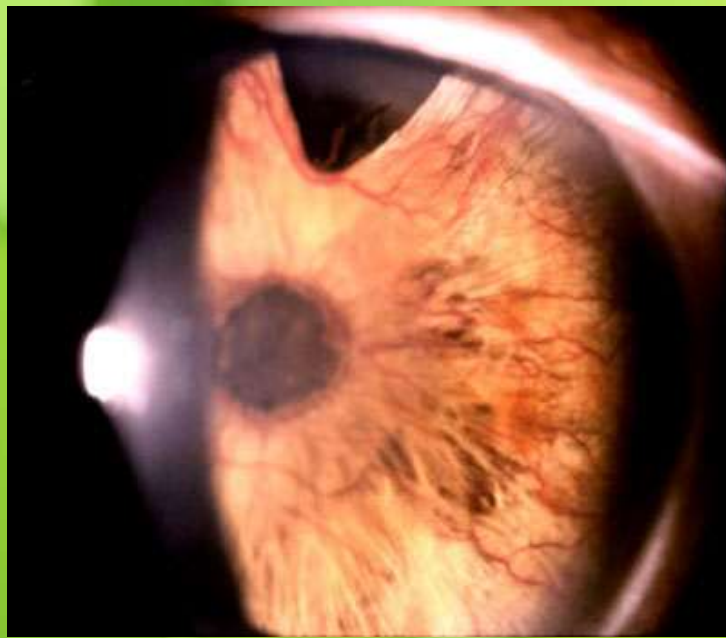
**(26) This iris opening may be:**

- A) A part of subcleral trabeculectomy.**
- B) Used prophylactically in the fellow eyes of patients with acute congestive glaucoma.**
- C) Used in some cases as a part of ECCE.**
- D) Used to relieve pupillary block.**
- E) All of the above.**



(27) Concerning iris pattern, this lady has:

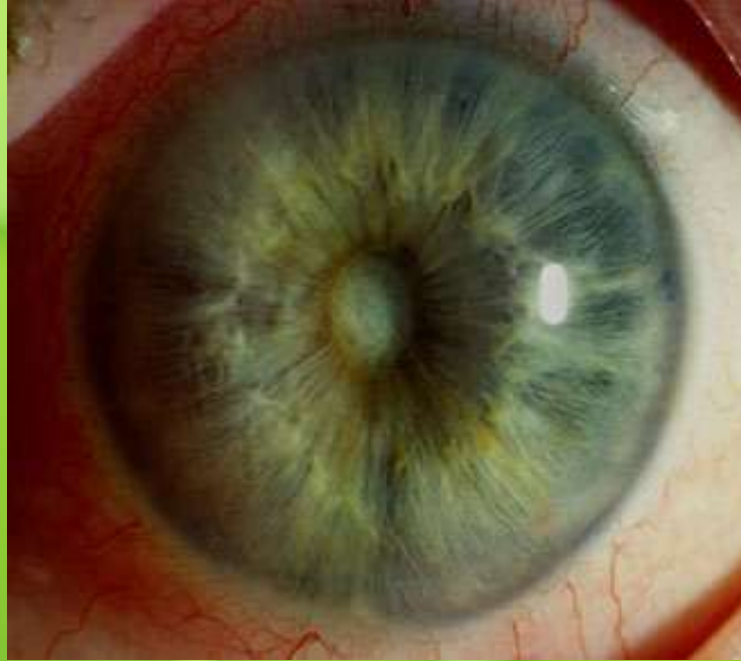
- A) A muddy iris.
- B) Rubeosis irides.
- C) Multiple peripheral iridectomies.
- D) Multiple atrophic iris patches.**
- E) An entirely normal iris pattern.



(28) Which is not found in this patient?

- A) Rubeosis irides.
- B) Ring synechiae.
- C) Peripheral iridectomy.
- D) Sector iridectomy.
- E) Key-hole iridectomy.
- F) D & E.**





**(30) Which is not found in this patient?**

- A) Open anterior chamber angle.**
- B) Iris bombe`.**
- C) Ring synechiaie.**
- D) Complicated cataract.**
- E) Irregular anterior chamber depth.**
- F) 2ry angle closure.**



(31) The provisional diagnosis in this case is:

- A) Iris coloboma.**
- B) Occlusio pupillae.
- C) Seclusio pupillae.
- D) Sector iridectomy.
- E) None of the above.



**(32) This is typical appearance of:**

- A) Ring synechia, pupillary block & iris bombe`.**
- B) Muddy iris.**
- C) Atrophic iris patches.**
- D) Heterochromia irides.**
- E) None of the above.**



(33) This lady has:

- A) A peripheral iridectomy.
- B) Atrophic iris patches.
- C) A brown cataract.
- D) All of the above.**
- E) A & B.





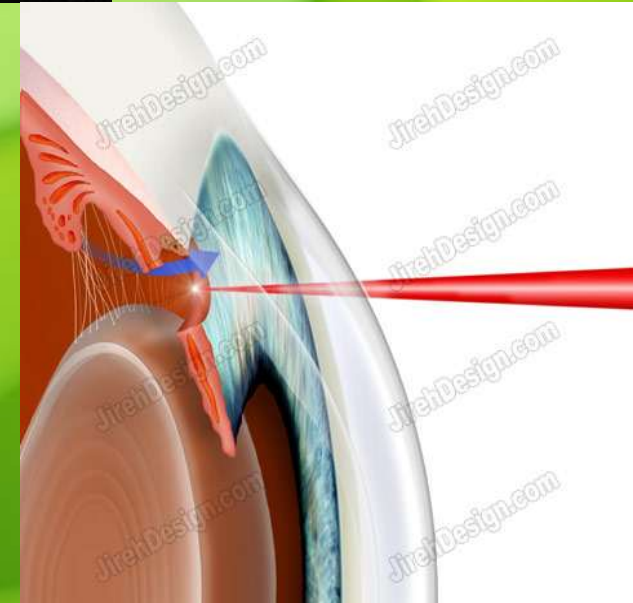
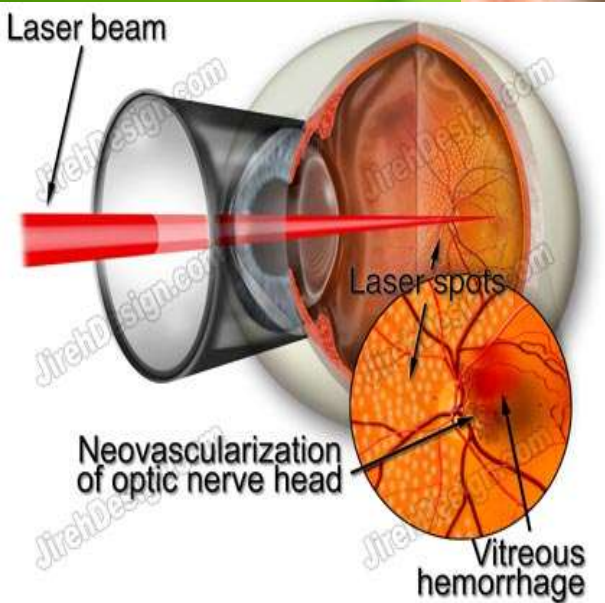
**(35) This anterior segment finding could complicate:**

- A) Intumescent cataract.**
- B) Chronic iritis.**
- C) Chronic open angle glaucoma.**
- D) Morgagnian cataract.**
- E) Phlyctenular keratoconjunctivitis.**



(38) The opening in the iris is termed:

- A) Laser peripheral iridotomy (LPI).
- B) Iridodialysis.
- C) Peripheral iridectomy.
- D) Sector iridectomy.**
- E) Visual iridectomy.



(37) Which type of laser could treat this patient?

- A) The right one.
- B) The middle one.
- C) The left one.
- D) None of the above.

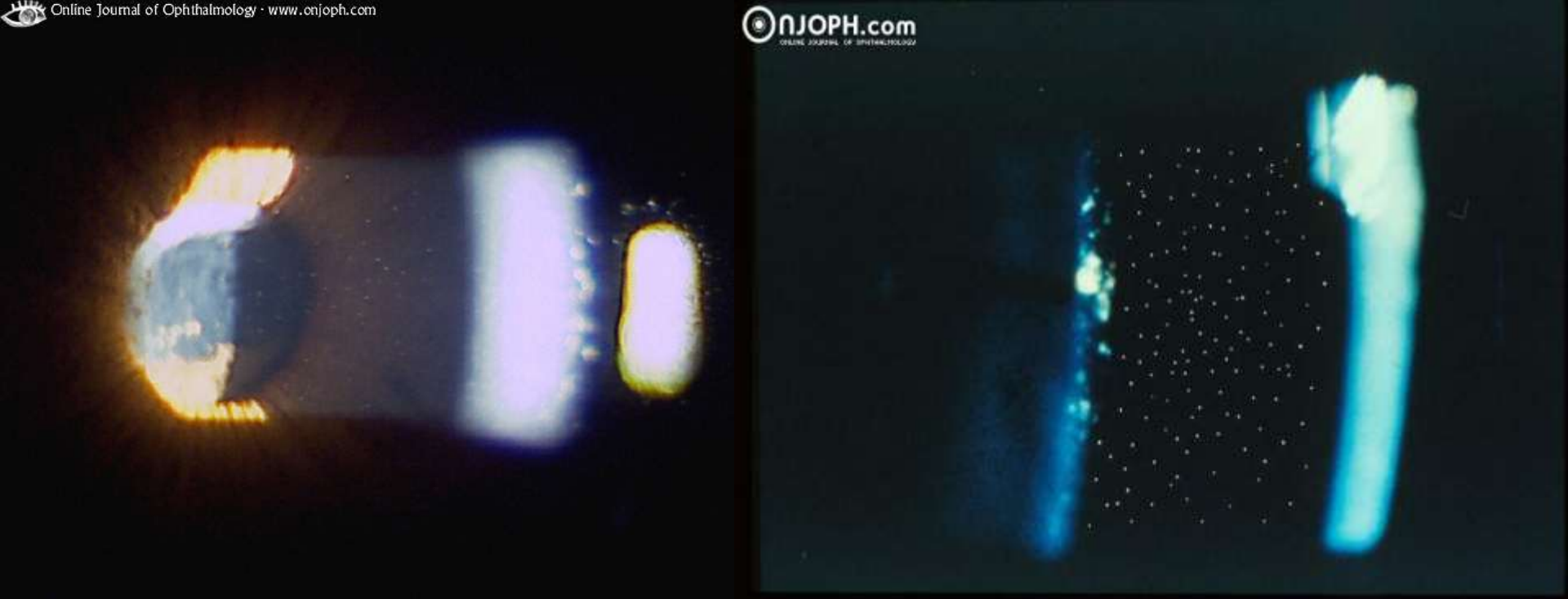




(39) This man has:

- A) Total anterior staphyloma.
- B) Leucoma nonadherent.
- C) Leucoma adherent.**
- D) Partial anterior staphyloma.
- E) Entirely clear cornea.





- (40) Which is untrue concerning the white spots seen in these A ch.s ?
- A) Are signs of anterior uveitis.
  - B) Similar findings could be detected in the vitreous cavity.
  - C) Best detected with a slit lamp beam of 1×3 mm at high magnification & high light intensity.
  - D) Called hypopyon.
  - E) Their usual grading varies between +1 to +4.



**(41) This man has undergone a penetrating ocular trauma while hammering a nail. Which is untrue?**

- A) Orbital CT scan is unnecessary. •**
- B) This difference in iris color could be acquired. •**
- C) Vitreous surgery may be needed. •**
- D) Siderosis bulbi is associated. •**
- E) Hyphema may explain the heterochromia. •**



(42) The most probable IOP value in this patient is :

- A) 5 mmHg.
- B) 9 mmHg.
- C) 16 mmHg.
- D) 30 mmHg.

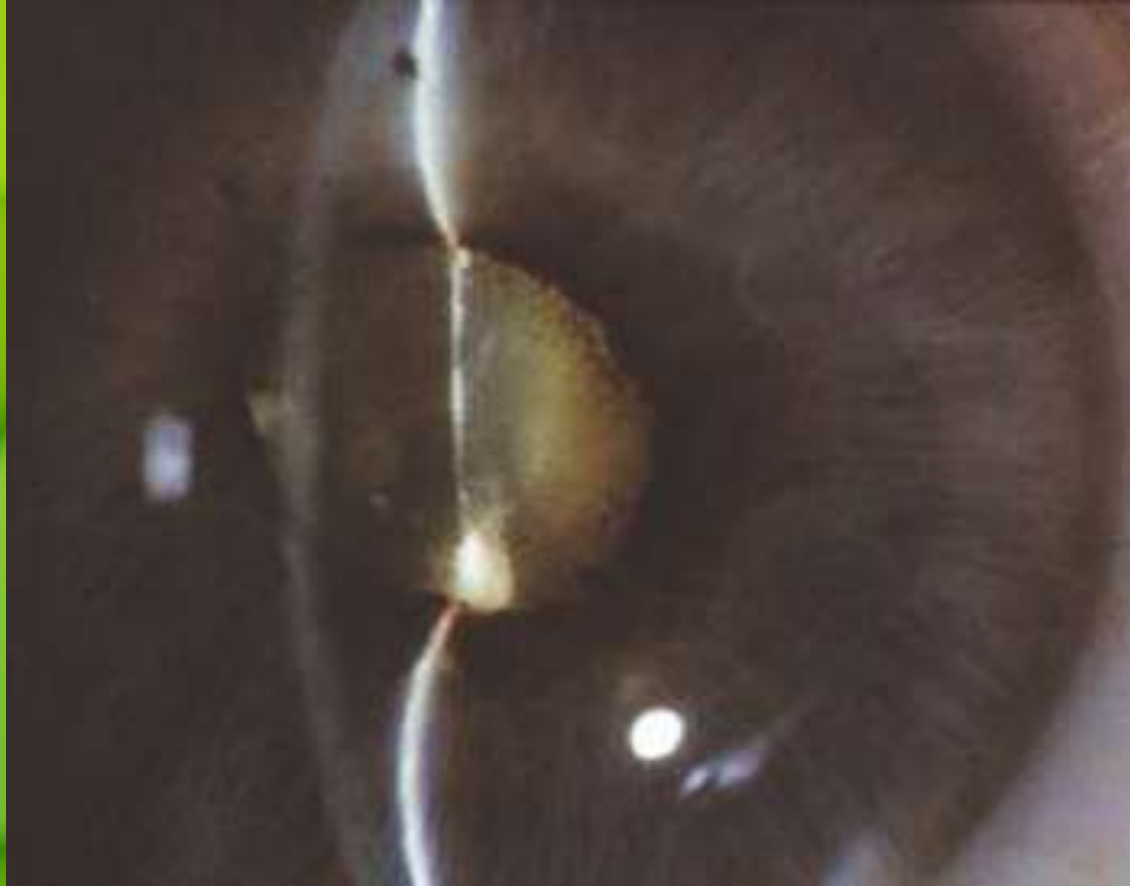




**(43) This patient has all except:**

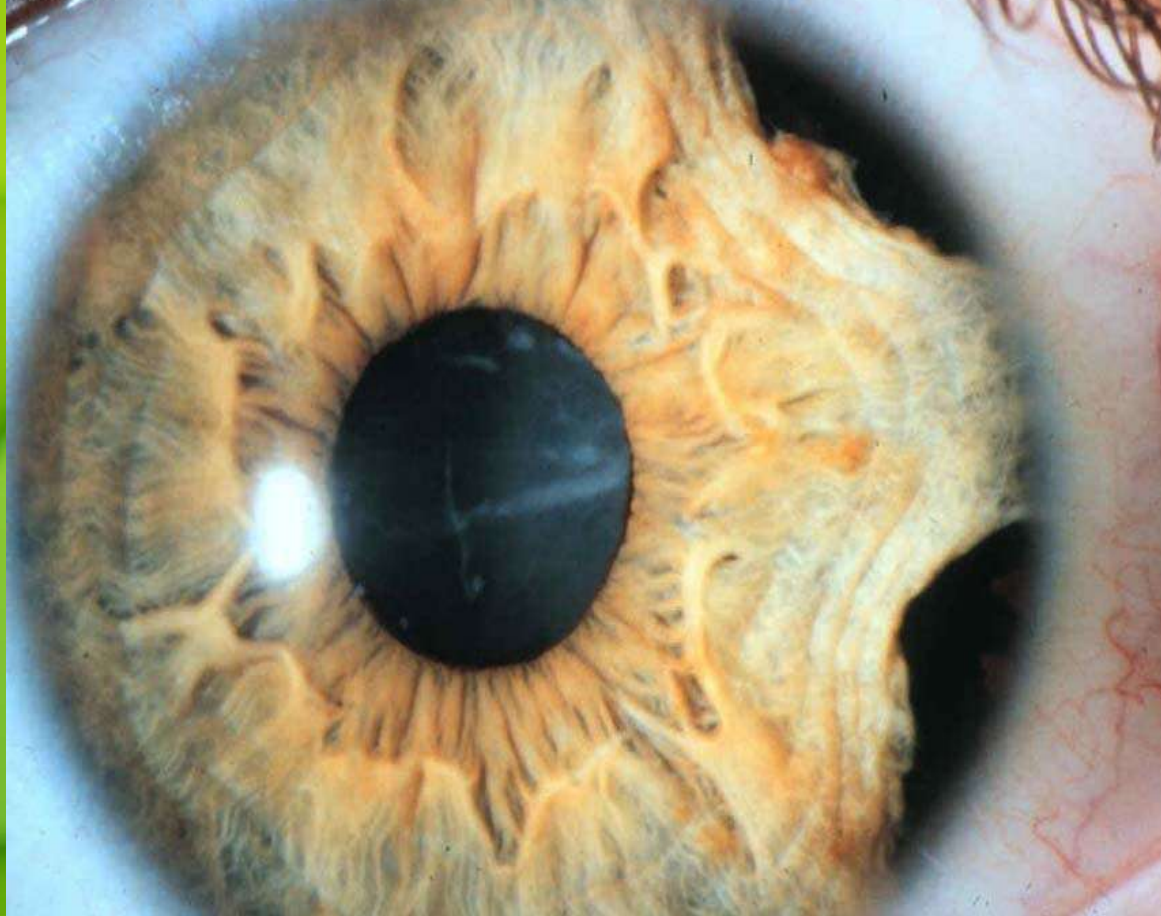
- A) Ciliary injection.**
- B) Hypopyon.**
- C) Yellow fundus reflex.**
- D) 2ry glaucoma.**
- E) Xerosis.**





(24) concerning the anterior chamber depth here, it is regarded:

- A) Shallow.
- B) Irregular.
- C) Deep.
- D) Normal.



(12) Which is untrue regarding this 50 years old man?

- A) Double vision may be associated.
- B) Blunt trauma is the expected etiology .
- C) Surgical intervention is unnecessary.**
- D) IOP may be elevated.
- E) Choroidal rupture is a possible association.



(10) The lesion in the upper limbus is termed:

- A) Trachomatous pannus with Herpet's pits.**
- B) Trachomatous pannus with herpet's rosettes.**
- C) Tranta spots.**
- D) Arcus senilis.**
- E) None of the above.**



(6) Concerning the iris, this man has:

- A) Koeppe nodules.**
- B) Busacca nodules.
- C) Atrophic iris patches.
- D) A peripheral iridectomy.
- E) No abnormality.